**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V15901 **GEORGETOWN DEVELOPMENT CORPORATION** Principal Place of Business Mailing Address 1101 BRICKELL AVE 1101 BRICKELL AVE STE 1900 STE 1900 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualified 02/20/1992 2. Principal Place of Business 2s. Mailing Address 4, FEI Number Applied For 21 65-0743238 Not Applicable 26 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıρ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FORMOSO-MURIAS, HECTOR, ESO. 1101 BRICKELL AVE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 1900** 63 **MIAMI FL 33131** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change Addition FORMOSO-MURIAS, HECTOR NAME 1.2 NAME 1101 BRICKELL AVE, STE 1900 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplier annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

nent with an address

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(34) 372.0300 291

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