FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90037 040 ***150.00

DOCUMENT #

1. Corporation Name V15901
GEORGETOWN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 1900 MIAMI, FL 33131	1101 BRICKELL AVENUE SUITE 1900 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: FEBRUARY 20, 1992

2. Principal Place of Business 21 401 S.W. 27TH AVENUE	2a. Mailing Address 26 401 S.W. 27TH AVENUE
Suite, Apt. #, etc. 22 ONE UNITY SQUARE	Suite, Apt. #, etc. 27 ONE UNITY SQUARE
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33135 25 USA	Zip / Country 29 33135 30 USA

4. FEI Number: 65-0743238 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FORMOSO-MURIAS, P.A.
FORMOSO-MURIAS, HECTOR, ESQ.
1101 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) One Unity Square
83 401 S.W. 27th Avenue - Second Floor
84 City Miami, FL 85 Zip Code 33135

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: HECTOR FORMOSO-MURIAS, PRESIDENT March 15, 199
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DRE	PDS ☐ DELETE	1.1 TITLE	☒ Change ☒ Addition
NAME	FORMOSO-MURIAS, ESQ.	1.2 NAME	
STREET ADDRESS	1101 BRICKELL AVENUE, SUITE 1900	1.3 STREET ADDRESS	401 S.W. 27TH AVENUE -- ONE UNITY SQUARE
CITY-ST-ZIP	MIAMI, FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR FORMOSO-MURIAS, PRESIDENT MARCH 15, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #