**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secnetary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT # 1/3736 70%** 1. Corporation Name

Northern Trade Realt, Inc.

Principal Place of Business 10481 N. Kend+11 Dr. Suice D202

- MIAMI FL 33173

Suite, Apt. #, etc.

City & State

21

22

24

Mailing Address 10481 N. Kendy (11) v. Suite 1202

MIAMI, F1 331)3

2a. Mailing Address

City & State

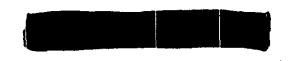
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28

Suite, Apt. #, etc.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90131 026 \*\*\*150.00



DO NOT WRIT	TE IN TH	IS SPACE
3. Date Incorporated or Qualified.		
4. FEI Number	Applied For	
_65-033390	7	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
8. This corporation owes the curr	ent vear I	ntanoibie

Zip	Country		Cou	ntry		8.	This corporation owes the current y	ear Inta	angible	•		
	25	29	30				Personal Property Tax.		<b>Ø</b> (Ye	s [	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Regis	tered /	Agent			
				81	Name							
NINO	, Maggie			82	Charak Addana	- /F	.O. Box Number is Not Acceptable)		<u> </u>			
	SW 1857			02	Street Addres	S (F	.O. Box Number is Not Acceptable)					
ا با ا	SW 1858			83								_
MIAN	1, Fl 33155											
, , , ~ , , ,	1167 22127	•	ļ	84	City			P-1	85	Zip Co	ode	

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	maran.	~~	- 4/8/99		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTI) DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME .	Emene lieg o	1.2 NAME			
STREET ADDRESS	118 NW85ct.	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI F1 33126	1.4 CITY-ST-ZIP			
TITLE	□ OELETE	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			
TILE (	☐ DELETE	6.1 TTTLE	Change Addition		
NAME		62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	'		

I hereby cartify that the information supplied with this filling 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-260-4056