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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V39569

HAWTHORNE REALTY, INC.

							111111111111111111111111111111111111111				
Principal Place	e of Business	Mailing Add	ress							,	
ONE SE THIRD AVE			ONE SE THIRD AVE								
SUITE 1500		SUITE 1500	SUITE 1500 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131	1	MIAMI PL 33	131				3	Date Incorporated or Qu			
							1 1	05/28/1992			
2 Principal P	lace of Business	2a, Mailing A	Address					FEI Number		A	pplied For
21	lace of Basilloss	26					-1	65-0336128	•	N	ot Applicable
Suite, Apt.	#. etc.	Suite, Ap	ot. #, etc.				i			\$8.75	Additional
22	.,	27				•	· 5.	Certifcate of Status Des	red 🗌	Fee R	equired
City & State	e	City & S	tate			-	6.	Election Campaign Fina	ncing	\$5.00	May Be
23		28					,	Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	у		8.	This corporation owes th	e current yea	ır Intangible	
24	25	29		30		_		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	rent Registered Age	ent				10!	Name and Address of	New Registe	red Agent	
				81	Nam	e	1				
	var, denise			82	Stre	et Addre	ss (P	P.O. Box Number is Not A	cceptable)		
	SE THIRD AVE			Ľ.				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>	بمرم فيمرض بالمعيمة	4 25 4 74 B 4 1 4 7 4 5
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office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ate of Florida, Such o	:hange was a	uthorized by	/ the co	rporation	n's bo	pard of directors. I hereby	accept the a	ppointment as re	egistered
agent. I a	m familiar with, and accept the obli	igations of; Section t	607.0505, FIO	nda Statute:	S.		į.	·	OAT	, F · · ·	
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered in OFFICERS	agent and title if applicable. AND DIRECTORS	607.0505, FIO (NOTE	Registered Age 13.	S. ent signatu		when re	einstating)		S AND DIRECTO	ORS IN 12
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 1

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90024 037 ***150.00

305.377-1800