

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90169 039 ***150.00

DOCUMENT # V49418

1. Corporation Name
C D FIRST REALTY, INC.

Principal Place of Business

8390 N.W. 53RD ST.
SUITE 201
MIAMI FL 33166

Mailing Address

8390 N.W. 53RD ST.
SUITE 201
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1992

4. FEI Number

65-0391548

Applied For
Not Applicable

5. Certificate 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

2. Principal Place of Business

21 8525 NW 53 Ter.

Suite, Apt. #, etc.

Ste 110

City & State

23 Miami, FL

Zip Country

24 33166 25 USA

2a. Mailing Address

26 8525 NW 53 Ter.

Suite, Apt. #, etc.

Ste 110

City & State

28 Miami, FL

Zip Country

29 33166 30 USA

9. Name and Address of Current Registered Agent

CHAVOUSTIE, ANNA MARIA
8390 N.W. STREET
SUITE 201
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CHAVOUSTIE, ANNA MARIA
STREET ADDRESS 8390 N.W. 53RD ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME DODD, PHILIP H.
STREET ADDRESS 8390 N.W. 53RD ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME GIDDENS, EARLE A.
STREET ADDRESS 8390 N.W. 53RD ST.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE
NAME BELZ, RICHARD
STREET ADDRESS 8390 NW 53RD ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, 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

21/1/99 305 4702113
Date Daytime Phone #

CR2E034 (11/98)

0239706