Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90010 044 ***150.00

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

DOCUI	MENT # V50051					
•	ORIDA REALTY CORP.					
IACAA LE	ONIDA NEALTI CONF.			I (MAIS AFIRM) MINIS MAIS MAIN A		12011 01011 02021 18 0 1
Principal Place	o of Pusinees	Mailing Address			TIME HINT MINIT MENT NINIT I	{
•						
407 LINCOLN F	₹U.	407 LINCOLN RD. 11E				
MIAMI BEACH	FL 33166	MIAMI BEACH FL 33166		DO NOT WRI	ITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed		
				07/10/1992		
2. Principal P	lace of Business	2a. Mailing Address	2- h - A1.	4. FEI Number	_ ` <u> </u> _	Applied For
21 1751	WASHINGTON AVE		16 km HV	65-0350343		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	T T T T T T T T T T	5 Additional
22 2	<i></i>	27 27				e Required
City & Stat	n. Bech E	City & State	b El	6. Election Campaign Financing		00 May Be
23 11111	77 13 (141)	28 / /////////	- Country	Trust Fund Contribution		ted to Fees
ー zip a /・	39 To Country	Zip 23/26 -	Country	8. This corporation owes the curr	rent year Intangible Yes	₩ _{No}
24 00/-	/ 23 0/0	29 33/39 3	0 4300	Personal Property Tax.		- J
Name and Address of Current Registered Agent Name				10. Name and Address of New Registered Agent		
ALVAREZ, YVONNE				1110111000	nne	
	5 N.W. 79TH AVE.		82 Street A	dross (P.O. Boy Number is Not Accept	able)	
MIAMI FL 33166-5403			83	125	" / // // (
			5	FZF 1		
			84 City	IBMI Beach	FL 85	Zin Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor				omeration submits this statement for the		n its registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auti	norized by the corpo	ration's board of directors. I hereby accep	ot the appointment a	s registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.		4,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if conflicable (NICTE: Pr	egistered Agent signature re-	nuited when reinstation)	DATE	·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	P37 V	⊠ Chai	nge 🗌 Addition
NAME	ALVAREZ, YVONNE		1.2 NAME	AlVAREZ, TOOME	- AVIA	2F
STREET ADDRESS	13685 SW 78 ST		1.3 STREET ADDRESS	1751 WASHINGIO	/// /-/ 7-	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Alvanez, Yvonne 1751 WASHINGTO MIAMI Beach	F1 33	139
TITLE	Trick Claim F to	☐ DELETE	2.1 TITLE		Chai	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		٠.	
TITLE		☐ DELETE	3.1 TITLE		Char	nge 🔲 Addition
NAME			3.2 NAME			ļ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Cha	nge
NAME			4.2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Chai	nge 🔲 Addition
NAME			5.2 NAME	•	٠	}
STREET ADDRESS			5.3 STREET ADDRESS		•	l (
CITY-ST-ZIP			5.4 CITY-ST-ZIP		¥2	
TITLE		☐ DELETE	61 TITLE		☐ Char	nge
NAME			6.2 NAME			-
STREET ADDRESS			6.3 STREET ADDRESS			ì

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 conforation or the receiver of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

305-413-2334