PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V52508

1. Corporation Name

CARDINAL APARTMENTS, INC.

Principal Plac	o of Business	Mailing Address			
Principal Place of Business Mailing Address					•
1657 W 39TH PL HIALEAH FL 33012-7014 HIALEAH FL 33012-7014					
US US					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
					07/21/1992
Principal Place of Business Address Address					4. FEI Number Applied For
21 26					65-0348834 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 27					5. Geruired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 Zin	7:0 Country 7:0		Countr		Trust Fund Contribution Added to Fees
-	Zip Country Zip 29 30			у	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Curre		10		10. Name and Address of New Registered Agent
	3. Hamo and Address of Care	The Manager of the Control of the Co	8	1 Name	10. Hand and Adalous of their registeres right
BIRNBAUM, MARC					
20801 BISCAYNE BLVD.			8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
SUITE 400			8:	3	
MIAMI FL 33180			Ĺ		
			8-	4 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the abov	ve-named corp	poration submits this statement for the purpose of changing its registered
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Statute	S.	on's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ag			ent signature require	
12	PD OFFICERS A	ND DIRECTORS ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	1	Detere	1.1 TITLE)	Citatige (1) Addition (
NAME	GLUCK, MAURICIO		1.2 NAME		
STREET ADDRESS	I MAL PART PI		1	ET ADDRESS	}
CITY-ST-ZIP	HIALEAH FL	☐ DELETE	1.4 CITY-		☐ Change ☐ Addition
TITLE	SD CHOCK THIS C	☐ DELETE	2.1 TITLE	Į	☐ Change ☐ Addidon [
NAME	GLUCK, LILIA O.		2.2 NAME		
STREET ADDRESS	6 tt 4.1 = 4.1 1 tm			ET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-		Chara Cladistan
TITLE			3.1 TITLE	J	☐ Change ☐ Addition
NAME :			3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		□ OSI ETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DÉLETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ D€LETE	5.1 TITLE 5.2 NAME	. }	☐ Change ☐ Addition
NAME				ET ADDRESS	
STREET ADDRESS			•		
OT 10	I		5.4 CITY-:	51-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.

8.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

THLE

STWEET ADDRESS

: ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2/5/99

305 362 45/2

☐ Change

☐ Addition

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90058 020 ***150.00

CR2E034 (11/98)