

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0209431

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90086 037 ***150.00

DOCUMENT # V55296

1. Corporation Name

M. LANDMAN PROPERTIES, INC.

Principal Place of Business

6423 COLLINS AVE. #1803
MIAMI BEACH FL 33141

Mailing Address

6423 COLLINS AVE. #1803
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0361394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 5540 SW 8 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 5540 SW 8 ST

Suite, Apt. #, etc.

22 City & State

23 Coral Gables FL

Zip

24 33134

Country

27 City & State

28 Coral Gables FL

Zip

29 33134

Country

30

9. Name and Address of Current Registered Agent

LANDMAN, MARCOS
6423 COLLINS AVE.
#1803
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

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

5540 SW 8 ST

83

84 City

Coral Gables

FL

85 Zip Code

33134

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.

M. Landman

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME LANDMAN, MARCOS

STREET ADDRESS 6423 COLLINS AVE., #1803

CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VP ☐ DELETE

NAME LANDMAN, MICHAEL M

STREET ADDRESS 5540 SW 8TH STREET

CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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

1/10/99

Date

Daytime Phone #

CR2E034 (11/98)