

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

65 JUL 28 PM 3:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **228164**
1. Corporation Name
Lake Haven Estates, Inc.
399 NW Boca Raton Blvd #150
Boca Raton, FL 33432

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1959** 3a. Date of Last Report **7/12/1994**
4. FEI Number **591112739** 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 has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
Sardinia, Evora

10. Name and Address of New Registered Agent
81 Name **Sardinia, Evora**
82 Street Address (P.O. Box Number is Not Acceptable) **600 NW 7th Avenue**
83
84 City **Boca Raton, FL** 85 Zip Code **33486**

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 registering.) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME Sardinia, Alex J.
STREET ADDRESS 399 NW Boca Raton Blvd #150
CITY, ST, ZIP Boca Raton, FL 33432
TITLE S/T
NAME Sardinia, Jorge
STREET ADDRESS 399 NW Boca Raton Blvd #150
CITY, ST, ZIP Boca Raton, FL 33432
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P Change Addition
12 NAME Sardinia, Evora
13 STREET ADDRESS 600 NW 7th Avenue
14 CITY, ST, ZIP Boca Raton, FL 33486
21 TITLE V/T Change Addition
22 NAME Sardinia, Sergio
23 STREET ADDRESS 2843 S. Bayshore #10F
24 CITY, ST, ZIP Miami, FL 33133
31 TITLE S Change Addition
32 NAME Sardinia, Alex
33 STREET ADDRESS 1038 Russell Dr.
34 CITY, ST, ZIP Highland Beach, FL 33487
41 TITLE Change Addition
42 NAME **400001551294**
43 STREET ADDRESS **-08/02/95--01002--017**
44 CITY, ST, ZIP *****225.00 ***225.00**
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Evora A. Sardinia* Evora A. Sardinia
7/25/95 407
393-17645
DATE: 7/25/95