

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 228164 (0)**

1. Corporation Name  
**LAKE HAVEN ESTATES, INC.**



Principal Place of Business <b>399 N.W. BOCA RATON BLVD. SUITE 150 BOCA RATON FL 33432 US</b>	Mailing Address <b>399 N.W. BOCA RATON BLVD. SUITE 150 BOCA RATON FL 33432 US</b>
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3. Date Incorporated or Qualified <b>09/21/1959</b>	3a. Date of Last Report <b>07/28/1995</b>
4. FEI Number <b>59-1112739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SARDINIA, EVORA A  
600 NW 7TH AVENUE  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

**FL**

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 of principal or person in charge of registered agent and if not applicable, (NOTE: Registered Agent signature is not required when re-instating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SARDINIA, ALEX</b>	
STREET ADDRESS	<b>1038 RUSSELL DR.</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SARDINIA, SERGIO</b>	
STREET ADDRESS	<b>2843 S. BAYSHORE D #10F</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SARDINIA, EVORA</b>	
STREET ADDRESS	<b>600 NW 7TH AVENUE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>EVORA A. SARDINIA</b>	
13. STREET ADDRESS	<b>600 NW 7th Ave.</b>	
14. CITY-ST-ZIP	<b>BOCA RATON, FLA 33486</b>	
21. TITLE	<b>V. PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>SERGIO SARDINIA</b>	
23. STREET ADDRESS	<b>3990 BRICKELL AVE.</b>	
24. CITY-ST-ZIP	<b>MIAMI FL. 33129</b>	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>SERGIO SARDINIA</b>	
43. STREET ADDRESS	<b>3110 BRICKELL AVE</b>	
44. CITY-ST-ZIP	<b>MIAMI FLA. 33129</b>	
51. TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>ALEJANDRO SARDINIA</b>	
53. STREET ADDRESS	<b>11545 OCEAN BLVD.</b>	
54. CITY-ST-ZIP	<b>OCEAN RIDGE, FL 33435</b>	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EVORA A. SARDINIA**

**6/18/95** -954-  
**574 0140**

CR2E034 (3/96)