

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
1996



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

DOCUMENT # 391170 (8)

1. Corporation Name

THIS LAND OF ACRES, INC.

FILED

36 JUN 26 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2337 NW 5TH AVE.
MIAMI FL 33127

2337 NW 5TH AVE.
MIAMI FL 33127

3. Date Incorporated or Qualified
11/11/1971

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1370553

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUBIN, LEONARD H.~~
~~100 E. FLAGLER ST., STE. 1125~~
~~MIAMI FL 33131~~

81 Name

JOSE M. MARQUEZ

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

782 NW LeJeune Road

83

Suite 548

84 City

Miami

FL

85 Zip Code
33126

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose M. Marquez

Jose M. Marquez

06/24/96

(Signature typed or printed name of registered agent and date of signature)

(The officer or registered agent's signature is required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~RD~~ ☐ DELETE
NAME ~~TURNER, LUIS~~
STREET ADDRESS ~~5333 COLLINS AVENUE~~
CITY - ST - ZIP ~~MIAMI BEACH FL~~

TITLE SD ☐ DELETE
NAME TURNER, SALOMON
STREET ADDRESS 7200 N.W. 7TH STREET
CITY - ST - ZIP MIAMI FL

TITLE TD ☐ DELETE
NAME MARQUEZ, FAUSTO
STREET ADDRESS 2550 S.W. 17 AVE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME MARQUEZ, NANCY
STREET ADDRESS 2550 S.W. 17TH AVE.
CITY - ST - ZIP MIAMI FL

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
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

200001876382
-06/26/96--01080--009
****225.00 ****225.00

LS
6/26/96

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 or is changed, or on an attachment with an address.

SIGNATURE:

Salomon Turner

6/24/96

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director / Secretary

(Type)

Typed Name

CR2E034 (3/96)