

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711734** (4)

1. Corporation Name  
**827 COLLINS BUILDING, INC.**



Principal Place of Business <b>825 COLLINS AVENUE MIAMI BEACH FL</b>	Mailing Address <b>825 COLLINS AVENUE MIAMI BEACH FL 33139-5830</b>
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2. Principal Place of Business 21 <b>825 COLLINS AVE.</b>		2a. Mailing Address 26 <b>825 COLLINS AVE</b>		3. Date Incorporated or Qualified <b>11/01/1966</b>	3a. Date of Last Report <b>03/29/1996</b>
Suite, Apt. #, etc. 22 <b>APT #10</b>		Suite, Apt. #, etc. 27 <b>APT #10</b>		4. FEI Number <b>65-0492276</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23 <b>MIAMI BEACH</b>		City & State 28 <b>MIAMI BEACH.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33139</b>	Country 25 <b>FL</b>	Zip 29 <b>33139</b>	Country 30 <b>FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SPEAS, CARON ESQ 825 COLLINS AVE #8 MIAMI BEACH FL 33139</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>JORGE PERDIGON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>825 COLLINS AVE APT #10</b>	
83	
84 City <b>MIAMI BEACH</b>	85 Zip Code <b>FL 33139</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Treasurer - Jorge Perdigon**  
 Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUBREY, SUZANNE 825 COLLINS AVENUE MIAMI BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD RUI FRANCO DE SEA 8867 SW 6 LANE MIAMI - FL - 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, LUIS, JR. 530 S W 39TH AVE MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD MARITZA AUBREY 17306 SW 40 PLACE BELLEVUE, WASHINGTON 98008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SOWMA, WADDISH 10240 S.W. 56 STREET MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TSD JORGE PERDIGON 825 COLLINS AVE #10 MIAMI BEACH, FLORIDA - 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JORGE PERDIGON** 1/30/97 305-446-6333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027500

CR2E037 (9/96)