

PROFIT
CORPORATION
ANNUAL REPORT
1996



FILED
Jul 22 1996 8:00 am
Secretary of State

1. Corporation Name
ROTUNDA PROPERTIES A.V.V. COMPANY

Principal Place of Business	Mailing Address
c/o White & Brown, P.A. 7100 N. Kendall Dr., Suite 100 Miami, FL 33156	

2. Principal Place of Business		2a. Mailing Address	
21	c/o 7100 N. Kendall Dr. Suite, Apt # etc	26	Suite, Apt #, etc
22	#100	27	
City & State		City & State	
23	Miami, FL	28	
Zip		Zip	
24	33156	25	USA
		29	

3. Date Incorporated or Qualified 4/6/93	3a. Date of Last Report 5/1/95		
4. FEI Number 65-0246258	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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. 190.032 Florida Statutes ☒ Yes ☐ No			

B. MACKAY BROWN
7100 N. Kendall Dr., Suite 100
Miami, FL 33156

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

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

12

Health Research Authority (HRA) and the Health Research Ethics Committee (HREC).

D&I

12.		OFFICERS AND DIRECTORS
TITLE	Managing Director	☐ DELETE
NAME	Gestor, Agencia F.	
STREET ADDRESS	48 LG Smith Blvd.	
CITY ST ZIP	Oranjestad, Aruba	
TITLE	Managing Director	☐ DELETE
NAME	Gonzalez, Hector E.	
STREET ADDRESS	48 LG Smith Blvd.	
CITY ST ZIP	Orangestad, Aruba	
TITLE	Director	☐ DELETE
NAME	Sanz, Joseph A.	
STREET ADDRESS	9100 S. Dadeland Blvd., Ste. 1700	
CITY ST ZIP	Miami, FL 33156	

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	400001900454
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 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)(c), Florida Statutes, 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 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96

305-670-8400

July 17, 1944

CR2E034 (12/95)

F93000001692

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

2-2



PRENTICE HALL
LEGAL & FINANCIAL SERVICES

95 JUL 22 PM 12:13

ACCOUNT NO. : 072100000032
REFERENCE : 027011 - 5015487
AUTHORIZATION : *Patricia Pugh*
COST LIMIT : \$ 233.75

ORDER DATE : July 22, 1996

ORDER TIME : 11:19 AM

ORDER NO. : 027011

CUSTOMER NO: 5015487

CUSTOMER: Ms. Linda P. Greer
White & Brown, P.a.
Suite 100, First Union Bldg.
7100 North Kendall Drive
Miami, FL 33156

ANNUAL REPORT FILING

NAME: ROTUNDA PROPERTIES A.V.V.
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Donna Kendrick

EXAMINER'S INITIALS: _____