

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

95 APR 28 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G45405 (9)**
1. Corporation Name
URBAN COMMUNITY DEVELOPERS, INCORPORATED

Principal Place of Business 550 BILTMORE WAY, #1110 201 S DISCAYNE BLVD CORAL GABLES FL 33134 US	Mailing Address 550 BILTMORE WAY, #1110 201 S DISCAYNE BLVD CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/07/1983	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 1110 City & State 23 Coral Gables Fl Zip 24 33134 Country 25 US	2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 1110 City & State 28 Coral Gables Fl Zip 29 33134 Country 30 US
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4. FEI Number 59-2296354	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WEISENFELD, JOSEPH J.
601 BRICKELL KEY DRIVE
SUITE 900
MIAMI FL 33101**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	799 Brickell Plaza
83	SUITE 900
84 City	Miami Florida FL
85 Zip Code	33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	PD
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VSD
NAME	HORWITZ, ROBERTO (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VTD
NAME	SERMANSKY, DAVID (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	STERN, EDUARDO (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 agent 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 in Block 13 if not changed, with an address.

SIGNATURE: _____ DATE: **4/12/95**
Signature, typed or printed name of signing officer or director
RODOLFO STERN President **305-461-2440**