

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 21

DOCUMENT # **J85741** (3)

1. Corporation Name
88 ACRES, INC.

Principal Place of Business Mailing Address
% MAX M. HAGEN
16663 NE 19 AVE
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/29/1987** 3a. Date of Last Report: **03/17/1994**
4. FEI Number: **65-0095653** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. **NEW ADDRESS** 26. **NEW ADDRESS**
22. **MAX M. HAGEN,** 27. **MAX M. HAGEN,**
3990 SHERIDAN ST. #104 **3990 SHERIDAN ST. #104**
City: **HOLLYWOOD, FL 33021** City & State: **HOLLYWOOD, FL 33021**
23. 28. 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
HAGEN, MAX M.
16663 NE 19 AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address: **NEW ADDRESS** (P.O. Box Number is Not Acceptable)
83. **MAX M. HAGEN,**
3990 SHERIDAN ST. #104
84. City: **HOLLYWOOD, FL 33021** FL 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: _____
Signature, typed or printed name of registered agent and title (required) Signature, typed or printed name of corporation registered agent (required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETORET, FRATERNO VILA	12. NAME	[REDACTED]
STREET ADDRESS	16663 NE 19 AVE	13. STREET ADDRESS	3990 SHERIDAN ST. #104
CITY - ST - ZIP	N MIAMI BEACH FL	14. CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	S	21. TITLE	[REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, MAX M.	22. NAME	[REDACTED]
STREET ADDRESS	16663 NE 19TH AVENUE	23. STREET ADDRESS	[REDACTED]
CITY - ST - ZIP	NORTH MIAMI BEACH FL	24. CITY - ST - ZIP	[REDACTED]
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated as herein. 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 use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached exhibit with an address.

SIGNATURE: *Max M. Hagen* **Max M. Hagen** **3/17/95** **(305) 987-0515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR