

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K60959** (9)

1. Corporation Name

**ACTION LAND DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

P O BOX 164336  
MIAMI FL 33116  
US

P O BOX 164336  
MIAMI FL 33116  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**01/25/1989**

3a. Date of Last Report  
**04/13/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0099445**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24

29

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JAVIER**  
**14250 S.W. 106TH TERRACE**  
**MIAMI FL 33186**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 the # applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSD  
**RODRIGUEZ, JAVIER**  
**14250 S.W. 106TH TERRACE**  
**MIAMI FL 33186**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition  
**300001536053**  
**-07/12/95--01073--030**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
**RODRIGUEZ, MICHELLE**  
**14250 SW 106 TERR**  
**MIAMI FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition  
**300001536053**  
**-07/12/95--01073--031**  
**\*\*\*\*\*225.00 \*\*\*\*\*225.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary  
**Jorge J. Rodriguez**  
**16221 S.W. 287 St.**  
**Homestead, Florida 33033**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition  
**Secretary**  
**Jorge J. Rodriguez**  
**16221 S.W. 287 St.**  
**Homestead, Florida 33033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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)(b), Florida Statutes. I further certify that the information indicated in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE: **Javier Rodriguez-President**

5/1/95

(305) 385-8830