

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: P O BOX 164336 MIAMI FL 33116 US
Mailing Address: P O BOX 164336 MIAMI FL 33116 US

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0099445
Applied For: Not Applicable

21 Suite, Apt. #, etc.: 22
26 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: X
\$8.75 Additional Fee Required

23 City & State: 28

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24 Zip: 25 Country: 29 Zip: 30 Country:

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

9. Name and Address of Current Registered Agent
RODRIGUEZ, JAVIER
14250 S.W. 106TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAVIER	1.2 NAME	
STREET ADDRESS	14250 S.W. 106TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MICHELLE	2.2 NAME	
STREET ADDRESS	14250 SW 106 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE J. RODRIGUEZ	3.2 NAME	
STREET ADDRESS	16221 SW 287TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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, or on an attachment with an address.

SIGNATURE: **X** _____ DATE: **4/24/96** (305) 385-8830
SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (12/95)