

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K82402 (4)**

1. Corporation Name
DOUGLAS SOUTH APARTMENTS, INC.



Principal Place of Business
**VILMA BENITEZ
900 DOUGLAS RD
CORAL GABLES FL 33134
US**

Mailing Address
**2858 NW 79TH AVENUE
1627 BRICKELL AVE APT. 1101
MIAMI FL 33122
US**

3. Date Incorporated or Qualified **04/21/1989** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business
21 **900 Douglas Rd**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1627 BRICKELL AVE**
Suite, Apt. #, etc.

4. FEI Number **65-0137351** Applied For
Not Applicable

22 City & State
23 **Coral Gables, FL**

27 City & State
28 **MIAMI, FL**

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

24 Zip **33134** 25 Country **USA**
29 Zip **33129** 30 Country **USA**

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

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

9. Name and Address of Current Registered Agent
**BENITEZ, VILMA
2858 NW 79TH AVENUE
APT. 1101
MIAMI FL 33122**

10. Name and Address of New Registered Agent
81 Name **BENITEZ, VILMA**
82 Street Address (P.O. Box Number is Not Acceptable)
1627 BRICKELL AVE
83 **1101**
84 City **MIAMI** FL 85 Zip Code **33129**

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 *Vilma Benitez* 4/8/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, VILMA	
STREET ADDRESS	2858 NW 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BENITEZ, VILMA	
13 STREET ADDRESS	1627 BRICKELL AVE # 1101	
14 CITY-ST-ZIP	MIAMI, FL 33129	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Vilma Benitez* 4/8/96 594-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)