

**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 # **L36222** (2)

1. Corporation Name  
**700 COMMODORE, INC.**



Principal Place of Business

**201 SEVILLA AVE.  
SUITE 302  
CORAL GABLES 33 33134  
US**

Mailing Address

**201 SEVILLA AVE  
SUITE 302  
CORAL GABLES 33 33134  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1989</b>	3a. Date of Last Report <b>02/27/1995</b>
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number <b>65-0192657</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.  
25 S.E. 2ND AVE.  
#900  
MIAMI FL 33131**

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 607.0102 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 of the principal officer or director of the corporation

Signature of the Registered Agent (signature is not required)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSTAMANTE, ALBERTO	12. NAME	ALBERTO BUSTAMANTE I.
STREET ADDRESS	201 SEVILLA AVE, #302	13. STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY, ST, ZIP	KEY BISCAIYNE FL	14. CITY - ST - ZIP	Coral Gables, FL. 33134
TITLE	VT <input type="checkbox"/> DELETE	2. TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE DE PONCE, ANA	22. NAME	ALBERTO BUSTAMANTE C.
STREET ADDRESS	201 SEVILLA AVE 302	23. STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY, ST, ZIP	CORAL GABLES FL	24. CITY - ST - ZIP	Coral Gables, FL. 33134
TITLE	VS <input type="checkbox"/> DELETE	3. TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE DE LOPEZ, MAR	32. NAME	ANA L. BUSTAMANTE
STREET ADDRESS	201 SEVILLA AV 302	33. STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY, ST, ZIP	CORAL GABLES FL	34. CITY - ST - ZIP	Coral Gables, Florida 33134
TITLE	<input type="checkbox"/> DELETE	4. TITLE	Treasurer/Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	MARIA A. BUSTAMANTE DE LOPEZ
STREET ADDRESS		43. STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY, ST, ZIP		44. CITY - ST - ZIP	Coral Gables, FL. 33134
TITLE	<input type="checkbox"/> DELETE	5. TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	GLADYS M. BUSTAMANTE
STREET ADDRESS		53. STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY, ST, ZIP		54. CITY - ST - ZIP	Coral Gables, FL. 33134
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
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 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 principal or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Back 12 of this report and is accompanied by an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALBERTO BUSTAMANTE I.,**

2/11/96

(305) 448-8811

CR2E034 (12/95)