## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

M48309 (2)

DOCUMENT # PRIMA PROPERTIES AT DAVIE, INC.

## **FILED** Jun 11 1997 8:00am Secretary of State

Principal Place of Business 4702 S.W. 74th. Avenue		Mailing Address 4702 S.W. 74	th Avenue		
	ORIDA 33155	MIAMI, FLORI			
	01101	Training Toolie	DN 00100	3. Date Incorporated or Qualified 3/13/1987	3a. Date of Last Report 3/13/97
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite, Apl. #, etc.		59-2803191	Not Applicabl
Sulte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· .· · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z <sub>i</sub> p <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
9	, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
CUADE LE	CL T		81 Name		
SHARE, LES 1500-SAN			82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
# 125			83		
CORAL GABI	LES FLA 33140		84 City		FL 85 Zip Code
11. Pursuant to the	e provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above-named cor	rporation submits this statement for the pu	roose of changing its registered
office or regist agent. I am fa	tered agent, or both, in the State miliar with, and accept the oblig	o of Florida. Such change was pations of, Section 607.0505, F	authorized by the corpora forida Statutes.	ation's board of directors. I hereby accept	the appointment as registered
-		•			
SIGNATURE	sture, typed or printed name of registered eg	ent and tille if applicable. (NC	TE Registered Agent signature roqu	ured when reinstating)	DATE
SIGNATURE Signa	OFFICERS AN	ent and title if applicable. (NC	TE Registered Agent signature roqu		ERS AND DIRECTORS IN 12
SIGNATURE Signa	OFFICERS AN	ent and tille if applicable. (NC	13.	ured when reinstating)	
SIGNATURE  Signa  12.  TITLE  NAME	OFFICERS AN DPS CANTOR, ALBERTO	ent and title if applicable. (NC ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	ured when reinstating)	ERS AND DIRECTORS IN 12
SIGNATURE  Signa  12.  TITLE  NAME	OFFICERS AN	ent and title if applicable. (NC ID DIRECTORS  DELETE	13.	ured when reinstating)	ERS AND DIRECTORS IN 12
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5/1/97

305-266-6603 Daytime Phone #