

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:24

DOCUMENT # **M88708** (6)

1. Corporation Name
ASSET DEVELOPMENT CORPORATION

Principal Place of Business: **707 SE 3RD AVE SUITE 400 FT LAUDERDALE FL 33316 US**
Mailing Address: **707 SE 3RD AVE SUITE 400 FT LAUDERDALE FL 33316 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1988** 3a. Date of Last Report: **02/11/1994**
4. FEI Number: **65-0087651** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. The corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACARDI, JOAQUIN E
707 S E THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

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

Signature: _____ (Print or Printed Name of Registered Agent and Title, if Applicable)

Signature: _____ (Print or Printed Name of Registered Agent and Title, if Applicable)

Signature: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
NAME: **BACARDI, JOAQUIN E**
STREET ADDRESS: **707 SE THIRD AVE, STE 400**
CITY, ST, ZIP: **FT. LAUDERDALE FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

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11 TITLE: _____ Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY, ST, ZIP: _____

21 TITLE: _____ Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
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31 TITLE: _____ Change Addition
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51 TITLE: _____ Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____

61 TITLE: _____ Change 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 199.032(1)(b), 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 in an attachment with an address.

SIGNATURE: AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Feb. 15/95