

1-25-95-6-440 - NC 202 NO
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED

95 JAN 25 PM 3:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000008940 (8)

1. Corporation Name
CORAL SPRINGS INVESTMENTS, INC.

Principal Place of Business Mailing Address
 2150 CORAL WAY 2150 CORAL WAY
 6TH FLOOR 6TH FLOOR
 MIAMI FL 33145 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1992** 3a. Date of Last Report **02/18/1994**

4. FEI Number **65-0380570** 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

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

2. Principal Place of Business 2a. Mailing Address
 21 State, Apt. #, etc. 21a. State, Apt. #, etc.
 22 City & State 22. City & State
 23 Zip 23. Country 23. Zip 23. Country
 24 25 29 30

9. Name and Address of Current Registered Agent

SMITH, GARY X
 1230 NW 7 STREET
 MIAMI FL 33125

10. Name and Address of New Registered Agent

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LOVIO, HECTOR
STREET ADDRESS	2150 CORAL WAY 6TH FLOOR
CITY - ST - ZIP	MIAMI FL 33145
TITLE	VP
NAME	LARTITEGUI, JAVIER
STREET ADDRESS	2150 CORAL WAY, 6TH FLOOR
CITY - ST - ZIP	MIAMI FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(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 registered agent or member empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as the individual with an address.

SIGNATURE:

Hector Lovio
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
 HECTOR LOVIO

11/2/95 305-858-5620
 DATE DAYTIME PHONE #