

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:19

DOCUMENT # **P93000004001 (2)**

1. Corporation Name
SERENA COVE HOLDINGS, INC.

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD #900 777 BRICKELL AVENUE SUITE 1120 MIAMI FL 33131 US	201 S. BISCAYNE BLVD #900 777 BRICKELL AVENUE SUITE 1120 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0382288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for franchise tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1221 Brickell Ave #1800	26 1221 Brickell Ave #1800
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, FL	28 Miami FL
Zip	Zip
24 33131	29 33131
Country	Country
25	30 USA

9. Name and Address of Current Registered Agent

GREENE, MICHAEL S
201 S. BISCAYNE BLVD
STE 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
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 typed or printed name of registered agent and his / her spouse _____ (NOTE: Registered Agent signature required after recording) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARAH, EDWARD
STREET ADDRESS	2121 S.W. 3RD AVENUE
CITY ST ZIP	MIAMI FL 33129
TITLE	D
NAME	LOUIS PARAJON
STREET ADDRESS	40 1221 BRICKELL AVENUE, #1800
CITY ST ZIP	MIAMI, FL 33131
TITLE	D
NAME	RASHIDA MAMUJEE
STREET ADDRESS	010 1221 BRICKELL AVENUE #1800
CITY ST ZIP	MIAMI, FLO. 33131
TITLE	D
NAME	ROBERT HOWIBALL
STREET ADDRESS	40 1221 BRICKELL AVENUE, #1800
CITY ST ZIP	MIAMI, FL 33131
TITLE	D
NAME	ALWIN POON TIP
STREET ADDRESS	40 1221 BRICKELL AVENUE #1800
CITY ST ZIP	MIAMI, FL 33131
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 the 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 an appointment with an address.

SIGNATURE: *Sandra B. Mortham*, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ (Required Please)