

**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 # P95000024628**

1. Corporation Name

**TREE PARK DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

2100 Ponce de Leon Blvd.  
Suite 920  
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/28/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 100 S.E. 2nd Street

26 100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 17th Floor/JHF

27 17th Floor/JHF

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Josepher, Gloria R.  
2100 Ponce de Leon Blvd.  
Suite 920  
Coral Gables, FL 33134

81 Name  
**John H. Friedhoff**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. 2nd Street,**

83 **17th Floor**

84 City  
**Miami**

85 FL

Zip Code  
**33131**

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**JOHN FRIEDHOFF**

**5/1/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | Rabello, Rubens       |
| STREET ADDRESS | 5585 N.W. 74th Avenue |
| CITY-ST-ZIP    | Miami, FL             |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

|                    |                                 |  |
|--------------------|---------------------------------|--|
| 1.1 TITLE          | D, P, T                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Verre, Humberto                 |  |
| 1.3 STREET ADDRESS | 100 S.E. 2nd Street, 17th Floor |  |
| 1.4 CITY-ST-ZIP    | Miami, FL 33131                 |  |
| 2.1 TITLE          | D, V, S                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Verre, Heloisa                  |  |
| 2.3 STREET ADDRESS | 100 S.E. 2nd Street, 17th Floor |  |
| 2.4 CITY-ST-ZIP    | Miami, FL 33131                 |  |
| 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 checked="" 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    |                                 |  |

**500001814975**  
**-05/09/96--01063--009**  
**\*\*\*200.00**

*[Handwritten initials: SJR]*

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 included 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 of this filing and is an attachment with an address.

SIGNATURE:

*[Signature]* Humberto Verre

**3/12/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #