

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000046595 (1)**

1. Corporation Name
1911 N.W. FLAGLER TERR. CORP.



Principal Place of Business: **2414 S.W. 8TH ST. MIAMI FL 33135**
Mailing Address: **2414 S.W. 8TH ST. MIAMI FL 33135**

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report
4. FEI Number: **APPLIED FOR**
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: **ARAZOZA & COMAS, P.A. 101 MADEIRA AVE. CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: **81. Name: ARAZOZA, Comas, de Torres & Fernandez-Fraga, P.A. 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State: 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P Carlos M. Grande
STREET ADDRESS		1.3 STREET ADDRESS	1037 Alfonso
CITY, ST., ZIP		1.4 CITY, ST., ZIP	Coral Gables, FL 33146
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP Manuel Grande
STREET ADDRESS		2.3 STREET ADDRESS	2720 SW 129th Ave.
CITY, ST., ZIP		2.4 CITY, ST., ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S Ana Latour Grande
STREET ADDRESS		3.3 STREET ADDRESS	2414 SW 8 St.
CITY, ST., ZIP		3.4 CITY, ST., ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T Frank Grande
STREET ADDRESS		4.3 STREET ADDRESS	2414 SW 8 St.
CITY, ST., ZIP		4.4 CITY, ST., ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	100001721731
CITY, ST., ZIP		5.4 CITY, ST., ZIP	-02/22/96--01088--001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST., ZIP		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 119.07(3)(f), 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: *Carlos Grande* 01-18-96 305-642-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CARLOS GRANDE**
Date: 01-18-96 Daytime Phone: 305-642-4621

CR2E034 (12/95)