

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000047485 (4)**

1. Corporation Name
COMILLAS LAND, INC.



Principal Place of Business: **9688 S.W. 24TH ST. MIAMI FL 33165**
Mailing Address: **9688 S.W. 24TH ST. MIAMI FL 33165**

3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report
4. FEI Number 65-0595531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent MARQUEZ, JOSE M 780 N.W. LEJEUNE RD. SUITE 400 MIAMI FL	10. Name and Address of New Registered Agent 81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LeJeune Road 83 Suite 548 84 City: Miami FL 85 Zip Code: 33126
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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: *Jose Marquez* DATE: **2/20/96**

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 type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: HERRAN, MANUEL A	1.2 NAME	2.1 TITLE: SECRETARY	
STREET ADDRESS: 8460 S.W. 8TH ST.	1.3 STREET ADDRESS	2.2 NAME: DANIEL RUALES	
CITY-ST-ZIP: MIAMI FL 33144	1.4 CITY-ST-ZIP	2.3 STREET ADDRESS: 9755 S.W. 62 ST.	
TITLE: <input type="checkbox"/> DELETE	1.5 CITY-ST-ZIP	2.4 CITY-ST-ZIP: MIAMI FL. 33173	
NAME: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
STREET ADDRESS: <input type="checkbox"/> DELETE	3.2 NAME	3.2 NAME	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
NAME: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
STREET ADDRESS: <input type="checkbox"/> DELETE	4.2 NAME	4.2 NAME	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
NAME: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE: 600001739226	
STREET ADDRESS: <input type="checkbox"/> DELETE	5.2 NAME	5.2 NAME: -03/12/96--01009--015	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.3 STREET ADDRESS: ***200.00	
TITLE: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
NAME: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
STREET ADDRESS: <input type="checkbox"/> DELETE	6.2 NAME	6.2 NAME	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	6.4 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)(k), 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, changes, or on an attachment with an address.

SIGNATURE: *Manuel A. Herran* DATE: **MANUEL A. HERRAN 2/15/96**

CR2E034 (12/95)