

**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 # P95000051225 (7)**

1. Corporation Name  
**COLINDRES BUILDING, INC.**



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

3. Date Incorporated or Qualified: **06/30/1995**  
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **65-0595535**  
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**

**MARQUEZ, JOSE M  
780 NW LE JEUNE ROAD  
SUITE 400  
MIAMI FL**

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**

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]* DATE: **2/20/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 NAME: **HERRAN, MANUEL A** STREET ADDRESS: **8460 SW 5TH STREET MIAMI FL 33144**  
12.2 NAME: [Blank] STREET ADDRESS: [Blank]  
12.3 NAME: [Blank] STREET ADDRESS: [Blank]  
12.4 NAME: [Blank] STREET ADDRESS: [Blank]

13.1 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]  
13.2 TITLE: [Blank] NAME: **SECRETARY** NAME: **DANIEL R. JAIDES** STREET ADDRESS: **9755 S.W. 62 ST.** CITY-ST-ZIP: **MIAMI FL. 33173**  
13.3 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]  
13.4 TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MANUEL A. HERRAN** DATE: **2/15/96** (505) **221-8351**

CR2E034 (12/95)