

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P96000067872 (7)**

1. Corporation Name  
**REDWOOD PROPERTIES, INC.**



Principal Place of Business: **797 STANTON DRIVE FORT LAUDERDALE FL 33326**  
 Mailing Address: **797 STANTON DRIVE FORT LAUDERDALE FL 33326-3597**

3. Date Incorporated or Qualified: **08/13/1996**  
 3a. Date of Last Report

2. Principal Place of Business  
 21 **797 STANTON DR.**  
 Suite, Apt. # etc.  
 22  
 City & State: **WESTON, FLORIDA**  
 23  
 Zip: **33326** Country: **US**  
 24

2a. Mailing Address  
 26 **1112 WESTON RD.**  
 Suite, Apt. #, etc.  
 27 **SUITE 110**  
 City & State: **WESTON FLORIDA**  
 28  
 Zip: **33326** Country: **US**  
 30

4. FEI Number: **65-0697448**  
 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  
**MUNIZ, CARLOS A**  
**797 STANTON DRIVE**  
**FORT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent  
 B1 Name: **MUNIZ, CARLOS A.**  
 B2 Street Address (P.O. Box Number is Not Acceptable): **797 STANTON DR.**  
 B3  
 B4 City: **WESTON** FL B5 Zip Code: **33326**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> Addition
NAME		1.2 NAME	<b>S CARLOS A. MUNIZ</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>797 STANTON DR.</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>WESTON FL 33326</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>P JUAN J. MUNIZ CANO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>797 STANTON DR</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>WESTON FL 33326</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>V RIRA SANCHEZ DE MUNIZ</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>797 STANTON DR.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>WESTON FL 33326</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>T MARIA EUGENIA MUNIZ</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>797 STANTON DR.</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>WESTON FL 33326</b>
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	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: **(305) 442-3494**

CR2E034 (9/96)