

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

APPROVED AND FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
 1995-17-95
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS
 B-6765 C

DOCUMENT # **V18150 (5)**
 1. Corporation Name
COLLINS AVENUE APARTMENTS, INC.

Principal Place of Business Mailing Address
2615 COLLINS AVE MIAMI BCH FL 33140 US
1627 BRICKELL AVE STE 1101 MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **2858 NW 79th Ave**
 22 City & State 27 **Miami, FL.**
 24 Zip 25 Country 29 **33122** 30 Country

3. Date Incorporated or Qualified **03/03/1992** 3a. Date of Last Report **03/31/1994**
 4. FEI Number **65-0340212** 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
BENITEZ, VILMA
1627 BRICKELL AVE #1101
MIAMI FL 33129

10. Name and Address of New Registered Agent
 81 Name **Benitez, Vilma**
 82 Street Address (P.O. Box Number is Not Acceptable) **2858 NW 79th Ave**
 83
 84 City **Miami** FL 85 Zip Code **33122**

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 officer 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BENITEZ, VILMA
STREET ADDRESS	1627 BRICKELL AVE #1101
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BENITEZ, DANIEL
STREET ADDRESS	1627 BRICKELL AVE #1101
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Benitez, Vilma
13 STREET ADDRESS	2858 NW 79th Ave
14 CITY - ST - ZIP	Miami, FL 33122
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 if changed, or on an attachment with an address.

SIGNATURE: Vilma Benitez Vilma Benitez 5/11/95 305 594-7828
 (Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)