

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V41043** (3)

1. Corporation Name

CORAL WEST PLAZA IV, INC.



Principal Place of Business

Mailing Address

**2480 SW 137TH AVE
SUITE 238
MIAMI FL 33175**

**2480 SW 137TH AVE
SUITE 238
MIAMI FL 33175**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B
2450 SW 137 AVE
STE. 221
MIAMI FL 33175**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

04/05/1995

4. FEI Number

65-0338809

Applied For
Not Applicable

5. Certificate of Status Expired

☐ **\$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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Person to be Registered Agent (If Not Applicable)

Signature of New Agent (If Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ADRIAN, PEDRO**
STREET ADDRESS **2460 SW 137TH AVE #238**
CITY-STATE-ZIP **MIAMI FL**

☐ DELETE

TITLE **VS**
NAME **ADRIAN, PEDRO**
STREET ADDRESS **2460 SW 137TH AVE #238**
CITY-STATE-ZIP **MIAMI FL**

☐ DELETE

TITLE **DT**
NAME **ADRIAN, ADRIA**
STREET ADDRESS **2460 SW 137TH AVE #238**
CITY-STATE-ZIP **MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

CR2E034 (12/95)