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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 17 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 408624 (5)

1. Corporation Name

FLORIDA ESTATES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
520 HARBOR DR. P.O. BOX 141933 CORAL GABLES FL 33114-8933	520 HARBOR DR. P.O. BOX 141933 CORAL GABLES FL 33114-8933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1972
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1441529 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: X — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199 Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business 21 520 HARBOR DRIVE	2a. Mailing Address 26 P.O.BOX 14-1933
Suite, Apt #, etc 22 ----	Suite, Apt #, etc 27 ----
City & State 23 KEY BISCAYNE- FLA.	City & State 28 CORAL GABLES, FLA.
Zip 24 33149-1707 Country 25 DADE	Zip 29 33114-1933 Country 30 DADE

9. Name and Address of Current Registered Agent

TEJERA, ANGEL GOMEZ
1480 EAST 8TH AVENUE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRAZANA, ENRIQUE A
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	CARRAZANA, LUIS N.
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	STD
NAME	CARRAZANA, MARIA DIAZ
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DELETE	[X] Change [ ] Addition
3 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
4 TITLE	VD	[ ] Change [X] Addition
4 NAME	ENRIQUE J. CARRAZANA	
4 STREET ADDRESS	520 HARBOR DRIVE	
4 CITY ST ZIP	KEY BISCAYNE, FLA. 33149-1707	
5 TITLE	VD	[ ] Change [X] Addition
5 NAME	ALICIA M. CARRAZANA	
5 STREET ADDRESS	520 HARBOR DRIVE	
5 CITY ST ZIP	KEY BISCAYNE, DLA. 33149-1707	
6 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		

SP 3/23

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)(x), 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: ENRIQUE A. CARRAZANA/PRESIDENT - MARCH 03/1995.- (305) 361-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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