

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 21

DOCUMENT # **J85741 (3)**

1. Corporation Name
88 ACRES, INC.

Principal Place of Business

% MAX M. HAGEN
16663 NE 19 AVE
N MIAMI BEACH FL 33162

Mailing Address

% MAX M. HAGEN
16663 NE 19 AVE
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **03/17/1994**

2. Principal Place of Business

21 **NEW ADDRESS**
Suite, Apt. or P.O. Box **MAX M. HAGEN,**
22 **3990 SHERIDAN ST. #104**
City **HOLLYWOOD, FL 33021**

2a. Mailing Address

26 **NEW ADDRESS**
Suite, Apt. or P.O. Box **MAX M. HAGEN,**
27 **3990 SHERIDAN ST. #104**
City & State **HOLLYWOOD, FL 33021**

4. FEI Number **65-0095653** 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. 190.039, Florida Statutes Yes No

23 Zip Country 24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
16663 NE 19 AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
NEW ADDRESS
83 **MAX M. HAGEN,**
3990 SHERIDAN ST. #104
84 City **HOLLYWOOD, FL 33021** 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

Signature, typed or printed name of registered agent and title (required)

Signature, typed or printed name of registered agent (required)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETORET, FRATERNO VILA
STREET ADDRESS	16663 NE 19 AVE
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	S
NAME	HAGEN, MAX M.
STREET ADDRESS	16663 NE 19TH AVENUE
CITY, ST, ZIP	NORTH MIAMI BEACH 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	NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	[REDACTED]
13 STREET ADDRESS	3990 SHERIDAN ST. #104
14 CITY, ST, ZIP	HOLLYWOOD, FL 33021
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	[REDACTED]
23 STREET ADDRESS	[REDACTED]
24 CITY, ST, ZIP	[REDACTED]
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 equally for the corporation stated as herein. 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 use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached form with an address.

SIGNATURE: *Max M. Hagen* Sect. *Max M Hagen 2/17/95* (305) 987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR