

**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 Box **MAX M. HAGEN,**  
22. **3990 SHERIDAN ST. #104**  
City **HOLLYWOOD, FL 33021**

2a. Mailing Address

26. **NEW ADDRESS**  
Suite, Apt. or 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. 190.032 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 and title (required)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BETORET, FRATERNO VILA</b>
STREET ADDRESS	<b>16663 NE 19 AVE</b>
CITY, ST, ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>HAGEN, MAX M.</b>
STREET ADDRESS	<b>16663 NE 19TH AVENUE</b>
CITY, ST, ZIP	<b>NORTH MIAMI BEACH FL</b>
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	<b>NEW ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>[REDACTED]</b>
13 STREET ADDRESS	<b>3990 SHERIDAN ST. #104</b>
14 CITY, ST, ZIP	<b>HOLLYWOOD, FL 33021</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>[REDACTED]</b>
23 STREET ADDRESS	<b>[REDACTED]</b>
24 CITY, ST, ZIP	<b>[REDACTED]</b>
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