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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:21

DOCUMENT # **J85743** **(9)**

1. Corporation Name
31.991 ACRES, INC.

Principal Place of Business	Mailing Address
% MAX M. HAGEN 16663 NE 19 AVE N MIAMI BEACH FL 33162	% 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.: 22: MAX M. HAGEN,
City & State: 23: 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021
Zip: 24 | Country: 25

2a. Mailing Address
26: NEW ADDRESS MAX M. HAGEN,
Suite, Apt.: 27: 3990 SHERIDAN ST. #104
City & State: 28: HOLLYWOOD, FL 33021
Zip: 29 | Country: 30

4. FEI Number: **65-0095658** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

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 of new registered agent and the date of acceptance (NOTE: Registered Agent signature required if name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BETORET, FRATERNO VILA	12 NAME	NEW ADDRESS
STREET ADDRESS	16663 NE 19 AVE	13 STREET ADDRESS	3990 SHERIDAN ST. #104
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	HOLLYWOOD, FL [illegible]
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HAGEN, MAX M.	22 NAME	[redacted]
STREET ADDRESS	1663 NE 19TH AVENUE	23 STREET ADDRESS	[illegible]
CITY-ST-ZIP	NORTH MIAMI BEACH FL	24 CITY-ST-ZIP	[illegible]
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Max M Hagen Sec't. Max M Hagen 4/17/95 (305) 917-0515
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0176182 CP