

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

APPROVED
AND
FILED

95 MAY - 1 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 391170 (8)

1. Corporation Name

THIS LAND OF ACRES, INC.

Principal Place of Business

2337 NW 5TH AVE.
MIAMI FL 33127

Mailing Address

2337 NW 5TH AVE.
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/11/1971

3a. Date of Last Report

04/15/1994

4. FEI Number

58-1370553

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

6. This corporation has liability for interstate tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, LEONARD H.
160 E. FLAGLER ST., STE. 1125
MIAMI FL 33131

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when changing:

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TURNER, LUIS
STREET ADDRESS	5333 COLLINS AVENUE
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	SD
NAME	TURNER, SALOMON
STREET ADDRESS	7200 N.W. 7TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	TD
NAME	MARQUEZ, FAUSTO
STREET ADDRESS	2550 S.W. 17 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	MARQUEZ, NANCY
STREET ADDRESS	2550 S.W. 17TH AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

500001474205
-05/03/95--01163--020
****200.00 ****200.00

14. I do hereby certify that the information supplied on this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information indicated on the 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS TURNER

3/95

305-545-8686