

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

\* CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murray  
Secretary of State  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED  
AND  
FILED

55 MAY -1 AM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **448189** (1)  
1. Corporation Name  
**POAS DEVELOPMENT INC.**

Principal Place of Business: **2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131**  
Mailing Address: **2 S. BISCAYNE BLVD. 3400 ONE BISCAYNE TOWER MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation: **04/18/1974** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0141801** 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**  
7. This corporation has liability for intangible tax under s. 198.037, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
Suite Apt # etc.: **22** Suite Apt # etc.: **27**  
City & State: **23** City & State: **28**  
City: **24** Country: **25** City: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES INC  
2 S. BISCAYNE BLVD.  
3400 ONE BISCAYNE TOWER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (if O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

OFFICER	PD TOWNSON, ERNESTO 2 S BISCAYNE BLVD #3400 MIAMI FL
OFFICER	SD TOWNSON, GERARDO 2 S BISCAYNE BLVD #3400 MIAMI FL
OFFICER	TD MCDONALD, SONIA RINCON 2 S BISCAYNE BLVD #3400 MIAMI FL
OFFICER	D DE FERNANDEZ, LILLIAN 2 S BISCAYNE BLVD #3400 MIAMI FL
OFFICER	D DE MNI, AYLEEN TOWNSON 2 S BISCAYNE BLVD #3400 MIAMI FL
OFFICER	
OFFICER	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12.

OFFICER	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. You hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.071(1)(b), Florida Statutes. I further certify that the information is in compliance with the annual report or supplemental annual report as 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 president or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment with an affidavit.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95