FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L36222** **(2)**

1. Corporation Name

700 COMMODORE, INC.

Principal Place of Business	Mailing Address
201 SEVILLA AVE. SUITE 302 CORAL GABLES 33 33134 US	201 SEVILLA AVE SUITE 302 CORAL GABLES 33 33134 US

3. Date Incorporated or Qualified: 12/11/1989	3a. Date of Last Report: 02/27/1995
4. FEI Number: 65-0192657	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVE.
#900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.1508, 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: (If changing Registered Office) (If changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	President/Director ☐ Change ☒ Addition
NAME	BUSTAMENTE, ALBERTO	1.2 NAME	ALBERTO BUSTAMANTE I.
STREET ADDRESS	201 SEVILLA AVE, #302	1.3 STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	VT ☐ DELETE	2.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	BUSTAMANTE DE PONCE, ANA	2.2 NAME	ALBERTO BUSTAMANTE C.
STREET ADDRESS	201 SEVILLA AVE 302	2.3 STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	VS ☐ DELETE	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	BUSTAMANTE DE LOPEZ, MAR	3.2 NAME	ANA L. BUSTAMANTE
STREET ADDRESS	201 SEVILLA AV 302	3.3 STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	☐ DELETE	4.1 TITLE	Treasurer/Asst. Secretary ☒ Change ☐ Addition
NAME		4.2 NAME	MARIA A. BUSTAMANTE DE LOPEZ
STREET ADDRESS		4.3 STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	☐ DELETE	5.1 TITLE	Asst. Treasurer ☐ Change ☒ Addition
NAME		5.2 NAME	GLADYS M. BUSTAMANTE
STREET ADDRESS		5.3 STREET ADDRESS	201 Sevilla Avenue, Suite 302
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 my name appears in Block 12 or Block 13 with an address.

SIGNATURE: 2/14/96 (305) 448-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALBERTO BUSTAMANTE I.,