

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000059785 (2)**

1. Corporation Name

1043 & 1047 FLAGLER STREET CORPORATION



Principal Place of Business

**1043 WEST FLAGLER STREET
MIAMI FL 33130**

Mailing Address

**1043 WEST FLAGLER STREET
MIAMI FL 33130**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., Etc.

Suite, Apt., Etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARCUS, BERNARD ESO.
17507 NW 8TH STREET
PEMBROKE PINES FL 33029**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

I, 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 person submitting this report (must be a director or officer)

Signature of Agent (must be a resident of the state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
FERNANDEZ, FAUSTO E
1345 SE 102ND PLACE
MIAMI FL 33174**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**SD
FERNANDEZ, ESPERANZA
1345 SE 102ND PLACE
MIAMI FL 33174**

☐ DELETE

NAME

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00**

14. I do hereby certify that the information supplied on this filing is voluntary, true and correct and does not qualify for the exemption state in Section 119.07(3)(d), 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 registered 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 changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (205) 324-1371

CR2E034 (12/95)