

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L96677 (4)**
1. Corporation Name
INVESTMENT PROPERTIES NO. 2, CORPORATION



Principal Place of Business

**BOX 144733
CORAL GABLES FL 33144-1733**

Mailing Address

**BOX 144733
CORAL GABLES FL 33144-1733**

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

**NUNEZ, LUIS A.
3501 S.W. 88TH PLACE
MIAMI FL 33165**

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

Signature, type or print name of registered agent and the corporation

DATE: Registered Agent signature required even if filing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPT
MENENDEZ, LUIS R.
4330 SW 13TH TER
MIAMI FL**

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

2. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY, ST, ZIP

4. CITY, ST, ZIP

TITLE

**DS
NUNEZ, LUIS A.
3501 SW 88TH PL
MIAMI FL**

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY, ST, ZIP

24. CITY, ST, ZIP

TITLE

**DS
NUNEZ, LUIS A.
3501 SW 88TH PL
MIAMI FL**

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY, ST, ZIP

34. CITY, ST, ZIP

TITLE

**DS
NUNEZ, LUIS A.
3501 SW 88TH PL
MIAMI FL**

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY, ST, ZIP

44. CITY, ST, ZIP

TITLE

**DS
NUNEZ, LUIS A.
3501 SW 88TH PL
MIAMI FL**

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY, ST, ZIP

54. CITY, ST, ZIP

TITLE

**DS
NUNEZ, LUIS A.
3501 SW 88TH PL
MIAMI FL**

☐ DELETE

6. 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-2-96

✓ 445-8774

CR2E034 (12/95)