

**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 # **353889** (9)

1. Corporation Name

**FAMILY APARTMENT PROPERTIES INC**



Principal Place of Business

**8281 S.W. 27TH STREET  
MIAMI FL 33155**

Main Address

**8281 S.W. 27TH STREET  
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21	26
Subs., Apt. #, etc.	Subs., Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

9. Name and Address of Current Registered Agent

**ESKENAZI, ENRIQUE  
8281 S.W. 27TH STREET  
MIAMI FL 33155**

3. Date incorporated or Qualified

**10/15/1969**

3a. Date of Last Report

**02/07/1995**

4. FEIN Number

**59-1292960**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.013, Florida Statutes, I, the undersigned, being a resident qualified person, do hereby certify that I am an officer or director of the corporation and accept the obligations of Sections 607.011, 607.012, and 607.013, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESKENAZI, ENRIQUE	
STREET ADDRESS	8281 S.W. 27TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESKENAZI, VICTOR	
STREET ADDRESS	8281 S.W. 27TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ESKENAZI, VIRGINIA	
STREET ADDRESS	8281 S.W. 27TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14001	14002	14003	14004	14005	14006	14007	14008	14009	14010
NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
14011	14012	14013	14014	14015	14016	14017	14018	14019	14020
NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
14021	14022	14023	14024	14025	14026	14027	14028	14029	14030
NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
14031	14032	14033	14034	14035	14036	14037	14038	14039	14040
NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

14. I do hereby certify that the information supplied to the Department of State, Florida, and does not constitute an exemption stated in Section 119.021, Florida Statutes. I further certify that the information supplied to the Department of State, Florida, and does not constitute an exemption stated in Section 119.021, Florida Statutes. I further certify that I am an officer or director of the corporation and the name of the person employed to prepare the registration is provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form. I do not own any other shares of the corporation.

SIGNATURE: *Enrique Eskenazi* ESKENAZI ENRIQUE 4/16/96 (305) 443-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)