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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAR 17 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **408624** **(5)**

1. Corporation Name
FLORIDA ESTATES DEVELOPMENT CORPORATION

Principal Place of Business
520 HARBOR DR.
P.O. BOX 141933
CORAL GABLES FL 33114-6933

Mailing Address
520 HARBOR DR.
P.O. BOX 141933
CORAL GABLES FL 33114-6933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1972
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 520 HARBOR DRIVE

2a. Mailing Address
26 P.O.BOX 14-1933

4. FEI Number: 59-1441529
Applied For / Not Applied

Suite, Apt #, etc
22 ----

Suite, Apt #, etc
27 ----

5. Certificate of Status Desired: X $8.75 Additional Fee Required

City & State
23 KEY BISCAYNE- FLA.

City & State
28 CORAL GABLES, FLA.

6. Election Campaign Financing Trust Fund Contribution: X $5.00 May Be Added to Fees

Zip
24 33149-1707

Country
25 DADE

Zip
29 33114-1933

Country
30 DADE

8. This corporation has liability for intangible tax under Chapter 199, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
TEJERA, ANGEL GOMEZ
1480 EAST 8TH AVENUE
HIALEAH FL 33010

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 607.0505, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRAZANA, ENRIQUE A
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	CARRAZANA, LUIS N.
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	STD
NAME	CARRAZANA, MARIA DIAZ
STREET ADDRESS	520 HARBOR DR
CITY ST ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES OR DELETIONS (Add Title Type or Print)

TITLE	[ ] Delete [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[X] Delete [ ] Add
NAME	DELETE
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Delete [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Delete [X] Add
NAME	VD
STREET ADDRESS	ENRIQUE J. CARRAZANA
CITY ST ZIP	520 HARBOR DRIVE
	KEY BISCAYNE, FLA. 33149-1707
TITLE	[ ] Delete [X] Add
NAME	VD
STREET ADDRESS	ALICIA M. CARRAZANA
CITY ST ZIP	520 HARBOR DRIVE
	KEY BISCAYNE, FLA. 33149-1707
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

JPM 3/23

14. I do hereby certify that the information supplied with this report is complete and accurate. I further certify that this corporation is not required to file a Florida Corporate Income/Franchise Tax Return. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall serve the same purpose as if made under oath, that I am an officer or director of the corporation or the trustee of a trust empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: E. Carrazana ENRIQUE A. CARRAZANA/PRESIDENT - MARCH 03/1995.- (305) 361-2645
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

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