

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

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AND  
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**96 MAY -1 PM 3: 07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # 478372 (6)**

1. Corporation Name  
**CANTELOP PROPERTY INVESTMENT, INC.**

Principal Place of Business: **1036 S.W. 1 ST. MIAMI FL 33130**

Mailing Address: **1036 S.W. 1 ST. MIAMI FL 33130**

2. Principal Place of Business: **21 2300 CORAL WAY**

2a. Mailing Address: **26 2300 CORAL WAY**

22. Suite, Apt. #, etc.

23. City & State: **MIAMI FLORIDA,**

24. Zip: **33145** 25. Country: **US.**

27. Suite, Apt. #, etc.

28. City & State: **MIAMI FLORIDA,**

29. Zip: **33145** 30. Country: **US.**

3. Date Incorporated or Qualified: **05/28/1975**

3a. Date of Last Report: **02/24/1995**

4. FEI Number: **59-2124810**

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

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
1036 S.W. 1 ST.  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

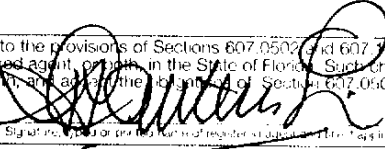
81. Name: **FLORIDA ANNUAL REPORT SERVICES, INC.**

82. Street Address (P.O. Box Number is Not Acceptable): **2300 CORAL WAY SUITE # 200**

83.

84. City: **MIAMI** 85. Zip Code: **FL 33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 approve the content of Section 607.0505, Florida Statutes.

SIGNATURE:  **AMADA CANTERA LOPEZ, PRES**

Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, CARLOS C</b>	
STREET ADDRESS	<b>1036 S. W. 1ST STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ-CANTERA, AMADA</b>	
STREET ADDRESS	<b>1036 S. W. 1ST STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ-CANTERA, AMADA</b>	
STREET ADDRESS	<b>1036 S. W. 1ST STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LOPEZ-AGUIAR CARLOS C</b>	
13 STREET ADDRESS	<b>2300 CORAL WAY SUITE #200</b>	
14 CITY- ST- ZIP	<b>MIAMI, FLORIDA 33145</b>	
21 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LOPEZ-CANTERA, AMADA</b>	
23 STREET ADDRESS	<b>2300 CORAL WAY SUITE #200</b>	
24 CITY- ST- ZIP	<b>MIAMI, FLORIDA 33145</b>	
31 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>LOPEZ-CANTERA, AMADA</b>	
33 STREET ADDRESS	<b>2300 CORAL WAY SUITE #200</b>	
34 CITY- ST- ZIP	<b>MIAMI, FLORIDA 33145</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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\*\*\*200.00 \*\*\*200.00

*Handwritten initials: JMS/1*

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 filing 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 a receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of such appointment with an address.

SIGNATURE:  **4/30/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)