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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	7.7)	CORPORATION	ONS			
DOCUM 1. Corporation	MENT # 554833	3 (4)					
	ORIDA COMMUNITIES SALE	S CORPORATION					
Principal Place of Business Mailing Address						O 1141 WANAA WINDI WINIO BURI	
550 BILTMORI	E WAY	550 BILTMORE WAY					
1110 CORAL GABLE	ES FL 33134	1110 CORAL GABLES FL 33134			3. Date Incorporated or Qualified 3a. Date of Last Report		nood
US		US			3. Date Incorporated or Qualified 11/02/1977	04/28/19	95
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-1784550	├-	Applied For
11		Suita Act & oto		39-1704330		Not Applicable Additional	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	Required
City & State		City & State			6. Election Campaign Financing		O May Be
23	Country	28 Zp	Country		Trust Fund Contribution 8. This corporation has liability for it	Auuc	d to Fees
Ζιρ 24	25	29	30	,	Florida Statutes Yes	No No	100.002,
	9. Name and Address of Current		- 11 - T-		10. Name and Address of New R	egistered Agent	
			81	Name			
WEISEN	FELD, JOSEPH J		82	Street Add	ress (P.O. Box Number is Not Acceptal:	le)	
799 BRK	799 BRICKELL PLAZA					·	
SUITE 9	00		83	\$			
* MIAMI FI	L 33131		84	City		85 Z	ıp Code
•			<u></u>			FL °° '	
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florid h, and accept the obligations of, Sectic	a. Such change was authori on 607.0505, Florida Statute	zed by the const.	poration's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	bintment as registered	d agent. I am
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	one signature recover	ADDITIONS/CHANGES 10 OFF		ORS IN 12
TITLE	D	DELETE	1. 1 TITLE			☐ Change	Addition
NAME	ECKSTEIN, BERNARD	_	1.2 NAME				
STREET ADDRESS	550 BILTMORE WAY #1110		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY -	ST-ZIP			
THILE	VTD	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	SERVIANSKY, DAVID(EX)		2.2 NAME	}	<i>†</i>		
STREET ADDRESS	550 BILTMORE WAY 1110		2 3 STRE	FT ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		2 4 C(TY		nt nt	□ Ch	[] Addition
TIILE	VSD	☐ DELETE	3 1 1111			☐ Change	TT Moderati
NAME	HORWITZ, ROBERTO (EX)		3 2 NAMI				
STREEF ADDRESS	550 BILTMORE WAY 1110			FT ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL	DELETE	3.4 CITY:			[Change	☐ Addition
THILE	PD Stern, rodolfo		4. 1 IIIL	i			السبيو
NAME STREET ADDRESS	550 BILTMORE WAY 1110			ET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL		4.4 CITY				
TITLE	VD VD	DELETE	5 1 TiTL			Change	☐ Addition
NAME	STERN, EDUARDO (EX)		5.2 NAM	E + <-	80000017		
STREET ADDRESS	550 BILTMORE WAY 1110		5 3 STRE	ETrADDRESS	-04/23/96010	J1UU25	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY	- ST- ZIP ·	***200.00		
TITLE		☐ DELETE	6 1 TITL	E		Change	Addition

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 cath; that I am an officer or director of the corporation of the corpor

TEO NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

4-15-96

(305) 461-2440