FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565515

(4)

F & L DEVELOPERS, INC.

FILED Feb 27 1998 8:00am Secretary of State

|--|--|

Principal Place	e of Business	Mailing Address						.1911 01831 018	17 81211 1891
250 COCOPLUM RD. 250 COCOPLUM RD.									
CORAL GABLES FL 33143 CORAL GABLES FL 33143			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified	וכ פוחו אוו	ACE	
						01/20/1978			
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number		1	plied For
21		26				59-1794524		_ 	ot Applicable
Suite, Apt.	#. etc	Suito, Apt. #, etc.				30 1704324			Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	······
23		28	···· \			Trust Fund Contribution		Added 1	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has pa	id the curre		
24	25	29	30			Personal Property Tax due June	The state of the s] No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
PE	REZ, FRANCISCO J			81	Name				
	O COCOPLUM RD.			82	Ctroot Adde	ress (P.O. Box Number is Not Acceptab	lo)		
	PRAL GABLES FL 33143			02	Sileet Addi	ress (F.O. Box Number is Not Acceptab	ie)		
				83				-	
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the al	DOV6	-named corp	poration submits this statement for the p		hanging it	s registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was a gations of, Section 607.0505, Flo	iuthorize irida Stat	d by utes	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	the appo	ntment as	registered
SIGNATURE	Elignature, typod or printed name of registered as	root and tile it apple after (NOTE	Rooistere	d A no	nt signeture requir	red when reinstating)	DATE		
12.		NO DIRECTORS	13.	3 /1gu/	ik digitatora radan	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE	PDSD	DELETE	1.1 TI	TLE				Change	Addition
NAME }	PEREZ, FRANCISCO J.		1.2 N/	AME				•	
STREET ADDRESS	250 COCOPLUM RD.		1		ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL			TY-\$1					
TITLE	D	DELETE	2111					Change	Addition
NAME	Perez, Lilliam D.		22 N	AME	ļ		_	_ •	_
STREET ADDRESS	250 COCOPLUM RD.				ADDRESS				İ
CITY-ST-ZIP	CORAL GABLES FL		2.40		E .	•			
TITLE	VO	DELETE	3.1 11				Г	Change	Addition
NAME	PEREZ, FRANK C.		3.2 N/				•		
STREET ADDRESS	250 COCOPLUM RD.				ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL				1				
TITLE		DELETE	3.4. CITY 4.1 TITLE		1 47		Г	Change	Addition
NAME			4.1 TILLE				•		
STREET ADDRESS					address				ļ
CITY-ST-ZIP									
TITLE		DELETE	4.4 CITY - ST- 5.1 TITLE		- T4.		r	Change	Addition
NAME			5.1 HILE 5.2 NAME				_		
STREET ADDRESS					ADDRESS				
I									1
CITY-ST-ZIP TITLE		DELETE	5.4 Ci 6.1 Tr		- 28"		r	Change	☐ Addition
NAME		P. Otterit					_	- crange	- VOUIDOU
i .			6.2 NA		*DDDLCC				
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP	portify that the information symplectic	with this filling does not qualify to	6.4 CI			Section 119 07/3Vi) Florida Statutes I	lustbox cost	for that the	Information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 changer, or on an attaching with an address.

NONATURE CAR FORMAN PROPERTY PROPERTY AND PR

2/20/98 305-665-5640

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