

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **650154** (8)

1. Corporation Name  
**FLAGLER 251, INC.**



Principal Place of Business: **255 E. FLAGLER ST 3RD FLOOR MIAMI FL 33131**  
Mailing Address: **255 E. FLAGLER ST 3RD FLOOR MIAMI FL 33131**

3. Date Incorporated or Qualified: **01/04/1980**  
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21-24):  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: **59-1971546**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**LOUMIET, JUAN P., ESQ.  
GREENBERG TRAUERIG P.A.  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-84):  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDAN, NAZIH B.	
STREET ADDRESS	255 E. FLAGLER ST., 3RD FLOOR	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KASSEM, ABBAS I.	
STREET ADDRESS	255 E. FLAGLER ST. 3RD FLOOR	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, MARIA ELENA	
STREET ADDRESS	255 E. FLAGLER ST. 3RD FLOOR	
CITY - ST - ZIP	MIAMI FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>D/VICE. PRESIDENT / SECRETARY</i>
3.3 STREET ADDRESS	<i>LOPEZ, MARIA ELENA</i>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>D/VICE. PRESIDENT / TREASURER</i>
4.3 STREET ADDRESS	<i>SEBASTIEN CLAROMONTE, FATIMA</i>
4.4 CITY - ST - ZIP	<i>255 E. FLAGLER ST. 3RD FLOOR MIAMI, FL 33131</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 oath; that I am an officer or director of the corporation or the receiver or 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARIA ELENA LOPEZ** 2/2/96 305-371-4736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)