

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDAN, NAZIH B.	1.2 NAME
STREET ADDRESS	255 E. FLAGLER ST., 3RD FLOOR	1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSEM, ABBAS I.	2.2 NAME
STREET ADDRESS	255 E. FLAGLER ST. 3RD FLOOR	2.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33131	2.4 CITY - ST - ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MARIA ELENA	3.2 NAME
STREET ADDRESS	255 E. FLAGLER ST. 3RD FLOOR	3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

D/VICE-PRESIDENT / SECRETARY
LOPEZ, MARIA ELENA

D/VICE-PRESIDENT / TREASURER
JERBAI-CLEARMONTE, FATIMA
255 E. FLAGLER ST. 3RD FLOOR
MIAMI, FL 33131

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: _____ **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)