

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711734 (4)

1. Corporation Name
827 COLLINS BUILDING, INC.



Principal Place of Business 825 COLLINS AVENUE MIAMI BEACH FL	Mailing Address 825 COLLINS AVENUE MIAMI BEACH FL 33139-5830
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3. Date Incorporated or Qualified 11/01/1966	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0492276	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 825 COLLINS AVE.	2a. Mailing Address 825 COLLINS AVE
22. Suite, Apt. #, etc. APTO #10	27. Suite, Apt. #, etc. APTO #10
23. City & State MIAMI BEACH	28. City & State MIAMI BEACH.
24. Zip 33139	25. Country FL
29. Zip 33139	30. Country FL

9. Name and Address of Current Registered Agent

**SPEAS, CARON ESQ
825 COLLINS AVE #8
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **JORGE PERDIGON**

82 Street Address (P.O. Box Number is Not Acceptable)
825 COLLINS AVE APTO #10

83

84 City **MIAMI BEACH** **FL** 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Treasurer - Jorge Perdigon**

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBREY, SUZANNE	1.2 NAME	RUI FRANCO DE SEA
STREET ADDRESS	825 COLLINS AVENUE	1.3 STREET ADDRESS	8867 SW 6 LANE
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI-FL-33174
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS, JR.	2.2 NAME	MARITZA AUBREY
STREET ADDRESS	530 S W 39TH AVE	2.3 STREET ADDRESS	17306 SW 40 PLACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	BELLEVUE, WASHINGTON 98008
TITLE	TSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWMA, WADDISH	3.2 NAME	JORGE PERDIGON
STREET ADDRESS	10240 S.W. 56 STREET	3.3 STREET ADDRESS	825 COLLINS AVE #10
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA-33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input 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	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JORGE PERDIGON** **1/30/97** **305-446-6333**

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0027500

CR2E037 (9/96)