

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 741038 (4)
1. Corporation Name
JACARANDA PLAZA MERCHANTS ASSOCIATION, INC.

95 APR -4 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7331 CORAL WA SUITE 250 MIAMI FL 33155-0402

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified **12/13/1977** 3a. Date of Last Report **02/09/1984**
4. FEI Number **59-1791352** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NASH, MARTIN, P. CMD
7331 CORAL WAY STE 250
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GULLIQUINA, BILL
STREET ADDRESS	8271 W. SUNRISE BLVD.
CITY - ST - ZIP	PLANTATION FL
TITLE	STD
NAME	FRAGA, ANTONIO J
STREET ADDRESS	2299 DOUGLAS RD.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	CONTINO, JUNE
STREET ADDRESS	8355 W. SUNRISE BLVD.
CITY - ST - ZIP	PLANTATION FL
TITLE	PD
NAME	JONES, JULIE
STREET ADDRESS	8275 W SUNRISE BLVD
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	RABBITO, JOE
STREET ADDRESS	8329 W. SUNRISE BLVD.
CITY - ST - ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DST <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAREN CARRADO
1.3 STREET ADDRESS	8357 W SUNRISE BL
1.4 CITY - ST - ZIP	PLANTATION FL 33322
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAIME MENENDEZ
2.3 STREET ADDRESS	2299 DOUGLAS RD
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUZIE SQUIRES
5.3 STREET ADDRESS	8281 W SUNRISE BL
5.4 CITY - ST - ZIP	PLANTATION FL 33322
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR