

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760401 (0)**  
 1. Corporation Name  
**HARBOR COURT DEVELOPMENT, INC.**



Principal Place of Business  
**2828 CORAL WAY PH  
 PENTHOUSE SUITE  
 MIAMI FL 33145**

Mailing Address  
**2828 CORAL WAY PH  
 PENTHOUSE SUITE  
 MIAMI FL 33145**

3. Date Incorporated or Qualified  
**10/08/1981**

3a. Date of Last Report  
**05/15/1995**

4. FEI Number  
**13-3095664**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip  
 24

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip  
 29

Country  
 25

Country  
 30

9. Name and Address of Current Registered Agent

**PEREZ, JORGE M  
 2828 CORAL WAY  
 PENTHOUSE SUITE  
 MIAMI FL 33145**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCHA, ROBERTO S.</b>	
STREET ADDRESS	<b>9135 S.W. 123RD AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>SOT</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, MARCELO</b>	
STREET ADDRESS	<b>2828 CORAL WAY, PENTHOUSE SUITE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, JORGE M.</b>	
STREET ADDRESS	<b>2828 CORAL WAY, PENTHOUSE SUITE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 33145</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>ANGEL HERNANDEZ</b>
4.4 CITY - ST - ZIP	<b>2828 CORAL WAY PH</b>
	<b>MIAMI FL 33145</b>
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, 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARCELO ALVAREZ**  
 Vice President  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/17/96**  
 Daytime Phone #: **305 460-9900**

CR2E037 (3/96)