FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

03/13/1996

3. Date Incorporated or Qualified

01/23/1981

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15823

(0)

CORAL GABLES FL 33134-6816

Mailing Address 201 SEVILLA AVE.

2a. Mailing Address

SUITE 302

900 PROPERTIES, INC.

Principal Place of Business

CORAL GABLES FL 33134

2. Principal Place of Business

201 SEVILLA AVE. SUITE 302

| 21 | | 26 | | | | | NOT APPLICABLE | | Not | t Applicable | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|-------------------------------------------------|----------------------|--------|----------------------------------------------------|--------------------------------------------------------------------------------|-----------|-------------------------|------------------|--|
| Suite, Apt | #, etc | | uite, Apt. #, etc. | | | # | | | \$8.75 A Fee Rec | | |
| City & Sta | te | | ity & State | | | | 6. Election Campaign Financing | | \$5.00 | | |
| 23 | | 28 | | | intry | · · · · · · · · · · · · · · · · · · · | 1105t faild Contribution | <u> </u> | Added to | | |
| Zip | Country | } <u>-</u> , | 'ip | <u>.</u> | лкгу | | This corporation has liability for int Florida Statutes | ~ | ax under s.] No | 199.032, | |
| 24 | 25 | 29 | red Ament | 30 | т— | | 10. Name and Address of New Regi | | " ' | | |
| g, Name and Address of Current Registered Agent | | | | | | B1 Name | | | | | |
| MURAI, WALD, BIONDO & MORENO, P.A. 25 SE 2ND AVENUE, SUITE 900 MIAMI FL 33131 | | | | | | | | | | | |
| | | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | 83 | | | | | | |
| | | | | | | | | | | | |
| | | | | | 84 | City | | FL | 85 Zip C | 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 Stignature, typiction pointed name of registered agent and title Capplicable. (NOTE: Registered Agent signature required when reinstating) DATE PAGE PAGE | | | | | | | | | | | |
| | Signature, typical or printed name of registered agent OFF (CERS AND) | | | | d Age | nt signature required | ADDITIONS/CHANGES TO OFFICE | | DIDECTOR | C INI 12 | |
| 12. | VD OFFICERS AND | DIRECT | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICE | | Change | Addition | |
| NAME | DE ORLANDINI, MARIA F | | Can Decemb | 12 N | | | | , | | | |
| STREET ADDRESS | ACA OF BUILD AUT #000 | | | | | ADORESS | | | | | |
| | CORAL GABLES FL | | | | ITY-S' | | | | | | |
| CITY-ST-ZIP TITLE | SD SD | | DELETE | 2.1 7 | | 1 - 21 - | | | Change | Addition | |
| NAME | FEBRES CORDERO, MARIA L. | | | 2.2 N | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL | | | | CITY-S | | | | | - | |
| TITLE | TD | | DELETE | 3.1 T | | 71-40 | | | Change | Addition | |
| NAME | DE ORELLANA, MARIA A. | | | 3,2 N | AME | | | | | 1 | |
| STREET ADDRESS | AFIRITA ANE MAGA | | | - 1 | | ADDRESS | | | | | |
| CITY - ST - 74P | CORAL GABLES FL | | | 1 | CITY-S | | | | | | |
| TILE | PD | , | DELETE | 4.1 T | | | | | Change | Addition | |
| NAME | DE BJARNER, MARIA E | | | | NAME | | | | | | |
| STREET ADDRESS | ANA OFICIAL AND AND | | | 4.3 S | TREET | ADDRESS | | | | İ | |
| CITY - ST - 7IP | CORAL GABLES FL | | | | ITY-S | · | | | | | |
| TITLE | | | ☐ DELETE | 5.1 T | | | | | Change | Addition | |
| NAME | | | | 5.2 N | IAME | | | | | | |
| STREET ADDRESS | | | | 5.3 9 | TREET | ADORESS | | | | | |
| CITY-ST-7IP | | | | | ITY-S | l | | | | | |
| TITLE | | ····- | ☐ DELETE | 6.17 | | | | | Change | Addition | |
| NAME | | | | 6.2 N | IAME |] | | | | | |
| STREET ADDRESS | | | | 6.3 9 | TREET | ADDRESS | | | | | |
| CITY- ST-ZIP | | | | | CITY-S | | | | | | |
| 44 1 do bor | eby certify that the information supplied | with this | filing does not quali | fy for the | exe | motion stated | in Section 119.07(3)(i), Florida Statutes. | I further | certify that | the | |
| informat Lam an | on indicated on this applied report of el | upplemer Ine receiv | ntal annual report is t ver or trustee empov | true and vered to | BOOL I | irate and that i | my signature shall have the same legal as required by Chapter 607, Florida Sta | allact as | il made und | der oath: that i | |