

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1-23-96-B-0108-C

DOCUMENT # **F63902** (3)

1. Corporation Name

URBAN 4 DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

4260 SW 73 AVE
MIAMI FL 33155
US

4260 SW 73 AVE
MIAMI FL 33155
US

2. Principal Place of Business

21 4260 S. W. 73rd Ave.

2a. Mailing Address

26 4260 S. W. 73rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami . Fl.

27 City & State

28 Miami Fl.

24 Zip

33155

25 Country

25 U. S. A.

29 Zip

33155

30 Country

30 U. S. A.

3. Date Incorporated or Qualified

01/14/1982

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2154979

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

WONG, VICTOR
13380 SW 91ST TERRACE, UNIT F
MIAMI FL 33186-8671

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WONG, VICTOR	<input type="checkbox"/> DELETE
NAME		13380 SW 91ST TERRACE, F	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	V	REVUELTA, LUIS O	<input type="checkbox"/> DELETE
NAME		1480 MERCADO AVE	
STREET ADDRESS		CORAL GABLES FL	
CITY - ST - ZIP			
TITLE	V	LEON, SEGISBERTO, JR	<input type="checkbox"/> DELETE
NAME		8701 SW 86TH AVE.	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	ST	LEON, SEGISBERTO	<input type="checkbox"/> DELETE
NAME		8600 SW 84 CT	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/18/96

305-263-9720

Date Daytime Phone #

CR2E034 (12/95)