

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G45405 (9)**  
1. Corporation Name  
**URBAN COMMUNITY DEVELOPERS, INCORPORATED**

Principal Place of Business <b>550 BILTMORE WAY, #1110 201 S DISCAYNE BLVD CORAL GABLES FL 33134 US</b>	Mailing Address <b>550 BILTMORE WAY, #1110 201 S DISCAYNE BLVD CORAL GABLES FL 33134 US</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/07/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
--	--

2. Principal Place of Business 21 <b>550 Biltmore Way</b> Suite, Apt. #, etc. 22 <b>1110</b> City & State 23 <b>Coral Gables Fl</b> Zip Country 24 <b>33134</b> 25 <b>US</b>	2a. Mailing Address 26 <b>550 Biltmore Way</b> Suite, Apt. #, etc. 27 <b>1110</b> City & State 28 <b>Coral Gables Fl</b> Zip Country 29 <b>33134</b> 30 <b>US</b>	4. FEI Number <b>59-2296354</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under § 199.030, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	---	---	--

9. Name and Address of Current Registered Agent <b>WEISENFELD, JOSEPH J. 601 BRICKELL KEY DRIVE SUITE 900 MIAMI FL 33101</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>799 Brickell Plaza</b> 83 <b>SUITE 900</b> 84 City State Zip Code <b>Miami Florida FL 33131</b>
---	---

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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKSTEIN, BERNARD</b>	1.2 NAME	<b>D/V</b>
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, RODOLFO</b>	2.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORWITZ, ROBERTO (EX)</b>	3.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERMANSKY, DAVID (EX)</b>	4.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, EDUARDO (EX)</b>	5.2 NAME	
STREET ADDRESS	<b>550 BILTMORE WAY #1110</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 agent 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 in Block 14, with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/12/95**  
Signature, typed or printed name of signing officer or director  
**RODOLFO STERN President** **305-461-2440**