

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 MAY -1 PM 1:58**

**DOCUMENT # G48756 (2)**  
1. Corporation Name  
**ADRO DEVELOPMENT, INC.**

Principal Place of Business      Mailing Address  
**2601 S BAYSHORE DR #1475**      **2601 S BAYSHORE DR #1475**  
**COCONUT GROVE FL 33133**      **COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/13/1983**      **04/20/1984**

4. FEI Number      Applied For  
**59-2307144**       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

2. Principal Place of Business      2a. Mailing Address

21.      26. Suite, Apt. #, etc.

22.      27. City & State

23.      28. City & State

24.      29. Zip      Country      30. Zip      Country

9. Name and Address of Current Registered Agent

**ADLER, DAVID**  
**2601 SO. BAYSHORE DR., #1475**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      85. Zip Code

**FL**

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE      PD  
NAME      **ADLER, IRWIN M.**  
STREET ADDRESS      **2601 S BAYSHORE DR. 1475**  
CITY - ST - ZIP      **MIAMI FL**

TITLE      VT  
NAME      **ADLER, DAVID**  
STREET ADDRESS      **2601 S BAYSHORE DR. 1475**  
CITY - ST - ZIP      **MIAMI FL**

TITLE      V  
NAME      **RABELL, LUIS**  
STREET ADDRESS      **2601 S BAYSHORE DR. 1475**  
CITY - ST - ZIP      **MIAMI FL**

TITLE      \_\_\_\_\_  
NAME      \_\_\_\_\_  
STREET ADDRESS      \_\_\_\_\_  
CITY - ST - ZIP      \_\_\_\_\_

TITLE      \_\_\_\_\_  
NAME      \_\_\_\_\_  
STREET ADDRESS      \_\_\_\_\_  
CITY - ST - ZIP      \_\_\_\_\_

TITLE      \_\_\_\_\_  
NAME      \_\_\_\_\_  
STREET ADDRESS      \_\_\_\_\_  
CITY - ST - ZIP      \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_      **Luis Robell**      **4/26/95**      **305.858.7879**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #