

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 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H74985

(3)

1. Corporation Name

747 BUILDING ASSOCIATES, INC.

Principal Place of Business

747 PONCE DE LEON BLVD.
P.O. BOX 141058
CORAL GABLES FL 33114-8058

Mailing Address

747 PONCE DE LEON BLVD.
P.O. BOX 141058
CORAL GABLES FL 33114-8058

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/09/1985

3a. Date of Last Report
03/08/1994

4. FEI Number
59-2571162

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, NESTOR
2541 SW 27 AVE
STE 201
MIAMI FL 33133

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

Registered Agent

DATE

March 20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GARCIA-MAYOL, LUIS
STREET ADDRESS 747 PONCE DE LEON BLVD, STE 405
CITY - ST - ZIP CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE V
NAME PUJALS, SANTIAGO
STREET ADDRESS 747 PONCE DE LEON BLVD.
CITY - ST - ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE S
NAME FERNANDEZ-CAROL, ADOLFO
STREET ADDRESS 747 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE T
NAME GARCIA, JULIO M
STREET ADDRESS 3661 SO MIAMI AVE, STE 303
CITY - ST - ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE P
NAME MARTINEZ, NESTOR
STREET ADDRESS 2451 SW 27 AVE, STE 201
CITY - ST - ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME BRAVO, JESUS
STREET ADDRESS 747 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES FL

6.1 TITLE
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 110.07(3)(b), 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

NESTOR MARTINEZ, H.D. 4/7/95

DATE

441-0541

22-95