

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H74985** (3)

1. Corporation Name

747 BUILDING ASSOCIATES, INC.



Principal Place of Business

**747 PONCE DE LEON BLVD
CORAL GABLES FL**

Mailing Address

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

2. Principal Place of Business
21 **747 Ponce de Leon Blvd**
State, Apt. #, etc.
22
City & State
23 **CORAL GABLES, FL**
Zip
24 **33134** Country
25 **Da de**

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified **09/09/1985** 3a. Date of Last Report **04/24/1995**
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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **ADOLFO FERNANDEZ-CAROL**
82 Street Address (P.O. Box Number is Not Acceptable) **3659 So. MIAMI AVENUE #5001**
83
84 City **MIAMI** FL 85 Zip Code **33133**

11. Pursuant to the provisions of Sections 617.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. 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 all the obligations of Section 617.0505, Florida Statutes.

SIGNATURE *[Signature]* **ADOLFO A. FERNANDEZ-CAROL, TREASURER, 1/30/96**

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input checked="" type="checkbox"/> DELETE
2. NAME	GARCIA MAYOL, LUIS	
3. STREET ADDRESS	747 PONCE DE LEON BLVD, STE 405	
4. CITY, ST, ZIP	CORAL GABLES FL	
5. TITLE	Director	<input type="checkbox"/> DELETE
6. NAME	PUJALS, SANTIAGO	
7. STREET ADDRESS	747 PONCE DE LEON BLVD.	
8. CITY, ST, ZIP	CORAL GABLES FL	
9. TITLE	Treasurer	<input type="checkbox"/> DELETE
10. NAME	FERNANDEZ-CAROL, ADOLFO	
11. STREET ADDRESS	747 PONCE DE LEON BLVD	
12. CITY, ST, ZIP	CORAL GABLES FL	
13. TITLE	T	<input checked="" type="checkbox"/> DELETE
14. NAME	GARCIA, JULIO M	
15. STREET ADDRESS	3661 SO MIAMI AVE, STE 303	
16. CITY, ST, ZIP	MIAMI FL	
17. TITLE	P	<input checked="" type="checkbox"/> DELETE
18. NAME	MARTINEZ, NESTOR	
19. STREET ADDRESS	2451 SW 27 AVE, STE 201	
20. CITY, ST, ZIP	MIAMI FL	
21. TITLE	D	<input checked="" type="checkbox"/> DELETE
22. NAME	BRAVO, JESUS	
23. STREET ADDRESS	747 PONCE DE LEON BLVD	
24. CITY, ST, ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Martinez, Elena R.	
3. STREET ADDRESS	3661 So. Miami Avenue Suite 801	
4. CITY, ST, ZIP	Miami, FL, 33133	
5. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Garcia-Linares, Manuel	
7. STREET ADDRESS	3661 So. Miami Avenue Suite 605	
8. CITY, ST, ZIP	Miami, FL, 33133	
9. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Barrios, Ivan J.	
11. STREET ADDRESS	747 Ponce de Leon Blvd. #503	
12. CITY, ST, ZIP	Coral Gables, FL.33134	
13. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Florez, Luis R.	
15. STREET ADDRESS	747 Ponce de Leon Blvd. #409	
16. CITY, ST, ZIP	Coral Gables FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
17. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Fernandez, Pedro	
19. STREET ADDRESS	434 S.W. 12 Avenue #302	
20. CITY, ST, ZIP	Miami, FL. 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ADOLFO A. FERNANDEZ-CAROL, TREASURER, 1/30/96**
(301) 856-3690

CR2E034 (12/95)