FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997	* 77	ary of State CORPORATIONS	Secreta	ry of State
DOCUMENT # H91306 1. Corporation Nature HURRICANE PROPERTIES, INC. Principal Place of Business 1483 SUNSET DRIVE. CORAL GABLES FL 33143 (1) Mailing Address 1493 SUNSET DRIVE. CORAL GABLES FL 33143					
				Date Incorporated or Qualified 12/23/1985	3a. Date of Last Report 04/26/1996
ı	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl	#, €IC.	Suite, Apt. #, etc.		59-2630868	Not Applicable \$8.75 Additional
22	MANUTURE	27	·····	5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zıp	Country	8. This corporation has liability for	
24	25 g. Name and Address of Curre	29	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
1493 COF	K, JR., LEWIS N. 3 SUNSET DRIVE RAL GABLES FL 33143 to the provisions of Sections 607.05 registered agent, or both, in the Stat rm familiar with, and accept the oblig	02 and 607,1508, Florida Statu e of Florida. Such change was gations of, Section 607,0505, F	83 84 City	ress (P.O. Box Number is Not Accepta poration submits this statement for the tion's board of directors. I hereby acce	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a		TE Registered Agent signature requir		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME STREET ADDRESS ONY - ST- ZIP	SD HADDAD, GILBERT A. 1493 SUNSET DR CORAL GABLES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip		Change Addition
III.E	PD	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRESS CHY-ST-ZIP	JOSEPHS, MICHAEL R. 1493 SUNSET DR CORAL GABLES FL		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP		
TITL!	TD	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS ONY-SE-721	JACK, LEWIS N. 1493 SUNSET DR CORAL GABLES FL		3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	**************************************	Change Addition
C TY+ST-ZIP TITLE NAME	The second secon	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	***************************************	Change Addition
STREET ADORESS CHY-ST-7.P TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-7IP			62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<u></u> ,
14. I do heret informatio I am an o appears i	by certify that the information supplied to include a supplied to the corporation of the	ed with this filling does not qual supplymental annual report is or the receiver of trusted empor or on an attack ment with an ad	fy for the exemption stated true and accurate and that wered to execute this report dress.	d in Section 119.07(3)(i), Florida Statut my signature shall have the same leg rt as required by Chapter 607, Florida	

SIGNAL WITE IN CURED SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-666-6006

FILED

Apr 16 1997 8:00am

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