

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J75366 (1)

1. Corporation Name

CHARLESTON DEVELOPMENT COMPANY



Principal Place of Business

% JOSE ORTEGA
2295 CORPORATE BLVD., NW, STE. 121
BOCA RATON FL 33431
US

Mailing Address

% JOSE ORTEGA
2295 CORPORATE BLVD., NW, STE. 121
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified

06/02/1987

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

21 104 Crandon Blvd.,

2a. Mailing Address

26 104 Crandon Blvd.,

4. FET Number

59-2819403

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

22 Suite, Apt. #, etc.
Suite 409

27 Suite, Apt. #, etc.
Suite 409

23 City & State
Key Biscayne, FL

28 City & State
Key Biscayne, FL

24 Zip
33149

25 Country
Palm Beach

29 Zip
33149

30 Country
Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTEGA, JOSE
2295 CORPORATE BLVD., NW
STE. 121
BOCA RATON FL 33431

81. Name

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

104 Crandon Blvd.,

83. Suite 409

84. City

Key Biscayne

FL

85. Zip Code
33149

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 date of appointment

Typed Name and Address of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ORTEGA, JOSE

STREET ADDRESS 2295 CORPORATE BLVD., NW, STE. 121

CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ORTEGA, EILEEN

STREET ADDRESS 2295 CORPORATE BLVD., NW, STE. 121

CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME HENRIETTA JOSEPH

STREET ADDRESS 2295 CORPORATE BLVD., NW, STE. 121

CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME PAZOS, SYLVIA

STREET ADDRESS 2295 CORPORATE BLVD., NW, STE. 121

CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS 104 Crandon Blvd., Ste 409

14. CITY-STATE-ZIP Key Biscayne, FL 33149

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS 104 Crandon Blvd., Suite 409

24. CITY-STATE-ZIP Key Biscayne, FL 33149

3. TITLE ☐ Change ☐ Addition

32. NAME Treasurer

33. STREET ADDRESS Jose Ortega

34. CITY-STATE-ZIP 104 Crandon Blvd., Ste 409

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS 104 Crandon Blvd., Ste 409

44. CITY-STATE-ZIP Key Biscayne, FL 33149

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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 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

Jose Ortega

3/8/96

(305) 361-8711

DATE OF SIGNATURE DAYTIME PHONE #

CR2E034 (12/95)