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 # **J85741** **(3)**

1. Corporation Name

88 ACRES, INC.

Principal Place of Business	Mailing Address
% MAX M. HAGEN 3900 SHERIDAN ST #104 HOLLYWOOD FL 33021 US	% MAX M. HAGEN 3900 SHERIDAN ST #104 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: **07/29/1987**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **65-0095653** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: 3990 SHERIDAN ST., #104
Suite, Apt. #, etc. — 27: 3990 SHERIDAN ST., #104

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
3990 SHERIDAN STREET
#104
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.1506, Florida Statutes, this 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 any) (Note: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BETORET, FRATERNO VILA		1.2 NAME		
STREET ADDRESS	3990 SHERIDAN STREET #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAGEN, MAX M.		2.2 NAME		
STREET ADDRESS	3990 SHERIDAN ST #104		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: Max M. Hagen Sec't. 1/22/96 954-987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)