

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Northam
Secretary of State
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:21

DOCUMENT # **J85742** (1)
1. Corporation Name
28-009 ACRES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% MAX M. HAGEN
18663 NE 19 AVE
N MIAMI BEACH FL 33162

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **03/17/1994**

2. Principal Place of Business 2a. Mailing Address
21. **NEW ADDRESS** 26. **NEW ADDRESS**
22. **MAX M. HAGEN,** Suite, Apt. or Box No. **MAX M. HAGEN,**
3990 SHERIDAN ST. #104 27. **3990 SHERIDAN ST. #104**
City **HOLLYWOOD, FL 33021** City **HOLLYWOOD, FL 33021**
23. Zip Country 28. Zip Country

4. FEI Number **65-0095656** 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
HAGEN, MAX M.
18663 NE 19 AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
NEW ADDRESS
83. **MAX M. HAGEN,**
3990 SHERIDAN ST. #104
84. City **HOLLYWOOD, FL 33021** FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 the corporation.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETORET, FRATERO VILA
STREET ADDRESS	18663 NE 19 AVE
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	S
NAME	HAGEN, MAX M.
STREET ADDRESS	1863 NE 19TH AVENUE
CITY, ST, ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	NEW ADDRESS
4. CITY, ST, ZIP	3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shall not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on the 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Max M Hagen* **Max M Hagen** 2/17/95 (305) 987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR