FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:21

DOCUMENT # **J87504** **(3)**

1. Corporation Name

MIAMI LAKE PROPERTY, INC.

Principal Place of Business	Mailing Address
% MAX M. HAGEN 16663 N.E. 19TH AVE. NORTH MIAMI BEACH FL 33162	% MAX M. HAGEN 16663 N.E. 19TH AVE. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 NEW ADDRESS	26 NEW ADDRESS MAX M. HAGEN,
22 Suite, Apt. #, etc. MAX M. HAGEN, 3990 SHERIDAN ST. #104	27 Suite, Apt. #, etc. 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021
23 City HOLLYWOOD, FL 33021	28 City & State
24 Zip . / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **08/11/1987**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **65-0095663** ☐ 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.
16663 N.E. 19TH AVE.
NORTH 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 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 ______________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	NEW ADDRESS ☐ Change ☐ Addition
NAME	**BETORET, FRATERNO VILA**	12 NAME	[redacted]
STREET ADDRESS	**16663 N.E. 19TH AVE.**	13 STREET ADDRESS	3990 SHERIDAN ST. #104
CITY-ST-ZIP	**NORTH MIAMI BCH FL**	14 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	**S**	21 TITLE	NEW ADDRESS ☐ Change ☐ Addition
NAME	**HAGEN, MAX M.**	22 NAME	[redacted]
STREET ADDRESS	**1663 NE 19TH AVENUE**	23 STREET ADDRESS	3990 SHERIDAN ST. #104
CITY-ST-ZIP	**NORTH MIAMI BEACH FL**	24 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, 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 Pres. Max M. Hagen 2/17/95 (305) 987-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0176180 CP