

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 # **K04535**

(6)

1. Corporation Name

AKB MANAGEMENT COMPANY



Principal Place of Business

**% BLAIRE & COLE, P.A.
2801 PONCE DE LEON BLVD. S-550
CORAL GABLES FL 33134**

Mailing Address

**% BLAIRE & COLE, P.A.
2801 PONCE DE LEON BLVD. S-550
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
12/02/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0029011

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

**BLAIRE & COLE, P.A.
2801 PONCE DE LEON BLVD
SUITE 550
CORAL GABLES FL 33134**

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 607.1508, 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, also typed if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **IGLESIAS, MANUEL**
STREET ADDRESS **4275 AURORA STREET, SUITE F**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **President/Director** ☐ DELETE
NAME **Margaret McGhee**
STREET ADDRESS **2801 Ponce de Leon Blvd. #550**
CITY-ST-ZIP **Coral Gables, Florida 33134** ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the
certify that the information
oath that I am an officer or
appears in Block 12 or 13

provided with this form

I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information
oath that I am an officer or
appears in Block 12 or 13
I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Margaret McGhee

SIGNATURE AND TYPE OF OFFICE

(305)

DATE DAYTIME PHONE #

CR2E034 (12/95)