

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 # **K31834 (0)**

1. Corporation Name
STONEHAVEN PROPERTIES, INC.



Principal Place of Business: **1620 SOUTH FEDERAL HIGHWAY SUITE 200 POMPANO BEACH FL 33062**
Mailing Address: **1620 SOUTH FEDERAL HIGHWAY SUITE 200 POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **08/26/1988**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 1600 S. Federal Hwy**
22. State, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **29** Country: **30**

4. FEI Number: **59-1756504** 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
**VON STEIN, GLORIA
1620 SOUTH FEDERAL HWY
SUITE 200
POMPANO BEACH FL 33062**

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: _____ DATE: _____
Signature of the Corporation or Trustee is not required. NOTE: Registered Agent's signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MOLEIRO, RODOLFO 200 S.E. FIRST ST., (PH) MIAMI FL	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2. NAME
STREET ADDRESS			3. STREET ADDRESS
CITY-STATE-ZIP			4. CITY-STATE-ZIP
TITLE	D MOLEIRO, LEONARDO 200 S.E. FIRST ST., (PH) MIAMI FL	<input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2. NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP
TITLE	D BAZO, ALFREDO 200 S.E. FIRST ST., (PH) MIAMI FL	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-STATE-ZIP			6.4 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: *Gloria von Stein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 305943-8501
DATE DAY/MONTH/YEAR DAY/TIME PHONE #

CR2E034 (12/95)