

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 22 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K42234** (0)

1. Corporation Name  
**FONTAINEBLEAU PARK APARTMENTS, INC.**

Principal Place of Business <b>275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172-4597</b>	Mailing Address <b>275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172-4597</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/31/1988</b>	3a. Date of Last Report <b>01/26/1994</b>
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4. FEI Number <b>65-0080488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACICEDO, RAMON R., JR.  
275 FONTAINEBLEAU BLVD  
#195  
MIAMI FL 33172-4597**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>FD</b>	NAME <b>CACICEDO, RAMON R.</b>	STREET ADDRESS <b>275 FONTAINEBLEAU BLVD</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>VPT</b>	NAME <b>GONZALEZ, JOSE A.</b>	STREET ADDRESS <b>275 FONTAINEBLEAU BLVD</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>VP</b>	NAME <b>HERNANDEZ, GUS</b>	STREET ADDRESS <b>275 FONTAINEBLEAU BLVD</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE <b>S</b>	NAME <b>CACICEDO, RAMON JR.</b>	STREET ADDRESS <b>275 FONTAINEBLEAU BLVD</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ramon R. Cacicedo* **Ramon R Cacicedo**

FEB 18 1995 3052213710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #