

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 # **K42234** (0)

1. Corporation Name
FONTAINEBLEAU PARK APARTMENTS, INC.



Principal Place of Business: **275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172-4597**
Mailing Address: **275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172-4597**

3. Date Incorporated or Qualified: **10/31/1988**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **65-0080488**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Handwritten: #195

9. Name and Address of Current Registered Agent
**CACICEDO, RAMON R., JR.
275 FONTAINEBLEAU BLVD
#195
MIAMI FL 33172-4597**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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

PD	<input type="checkbox"/> DELETE
NAME: CACICEDO, RAMON R.	
STREET ADDRESS: 275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP: MIAMI FL	
VPT	<input type="checkbox"/> DELETE
NAME: GONZALEZ, JOSE A.	
STREET ADDRESS: 275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP: MIAMI FL	
VP	<input type="checkbox"/> DELETE
NAME: HERNANDEZ, GUS	
STREET ADDRESS: 275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP: MIAMI FL	
S	<input type="checkbox"/> DELETE
NAME: CACICEDO, RAMON JR.	
STREET ADDRESS: 275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP: MIAMI FL	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Antero Gonzalez* **Jose Antero Gonzalez, VP 1-22-96 305-221-3710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAY/TIME PHONE #: _____

CR2E034 (12/95)