

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT '1997



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

FILED

97 APR -3 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K42234** (0)  
1. Corporation Name  
**FONTAINEBLEAU PARK APARTMENTS, INC.**



Principal Place of Business  
**275 FONTAINEBLEAU BLVD #300 MIAMI FL 33172-4597**

Mailing Address  
**275 FONTAINEBLEAU BLVD #195 MIAMI FL 33172-4574 US**

3. Date Incorporated or Qualified **10/31/1988** 3a. Date of Last Report **02/05/1996**

4. FEI Number **65-0080488** 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

2. Principal Place of Business  
21 **9721 Fontainebleau Blvd.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami, Florida**  
Zip Country  
24 **33172** 25

2a. Mailing Address  
26 **6505 Blue Lagoon Drive**  
Suite, Apt. #, etc.  
27 **Suite 250**  
City & State  
28 **Miami, Florida**  
Zip Country  
29 **33126-6001** 30

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)  
**6505 Blue Lagoon Drive, Suite 240**  
83  
84 City **Miami, Florida** FL 85 Zip Code **33126-6001**

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 607.0605, Florida Statutes.

APR 1 1997

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when re-instating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive Suite 250</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive, Suite 250</b>
2.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive, Suite 250</b>
3.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive Suite 240</b>
4.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>300002132723--1</b>
5.4 CITY-ST-ZIP	<b>-04202287-01066-027</b>
6.1 TITLE	<b>***165.00</b> <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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **APR 1 1997**  
**Jose Antero Gonzalez, VP 305-265-1771**

CR2E034 (9/96)