

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K46839** (2)

1. Corporation Name

AREEA INVESTMENT MANAGERS, INC.



Principal Place of Business

Mailing Address

**9400 S. DADELAND BLVD., PH-1
MIAMI FL 33156-9817**

**9400 S. DADELAND BLVD., PH-1
MIAMI FL 33156-9817**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/22/1988

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

4. FEI Number

65-0100806

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

10. Name and Address of New Registered Agent

**WIENER, WILLIAM
AREEA INVESTMENT MANAGERS, INC
9400 SO DADELAND BLVD, PH1
MIAMI FL 33156**

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. Thereby 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 in block, and signed in ink, over the signature

Printed Registered Agent signature in block, and signed in ink

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CANNON, MICHAEL Y.**
CITY-STATE-ZIP **9400 S DADELAND BLVD PH1
MIAMI FL**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **WIENER, WILLIAM**
CITY-STATE-ZIP **9400 S DADELAND BLVD PH1
MIAMI FL**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **YOBLOCK, DAVID**
CITY-STATE-ZIP **9400 S DADELAND BLVD PH1
MIAMI FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BRIZEL, BARRY**
CITY-STATE-ZIP **600 CORPORATE BLVD #105
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **AVP**
STREET ADDRESS **JONSON, DEBORAH M.**
CITY-STATE-ZIP **ONE E CAMELBACK RD, #550
PHOENIX AZ**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CANNON, MARK A**
CITY-STATE-ZIP **9400 S DADELAND BLVD PH1
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(g), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Y. Cannon, President

4/23/96

(305) 670-0001

Division Phone #

CR2E034 (12/95)