

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>K68615</i> 1. Corporation Name KEY BISCAYNE LUXURY HOMES, INC.			
Principal Place of Business 104 Crandon Blvd #413 Key Biscayne FL 33149-1542		Mailing Address 104 Crandon Blvd #413 Key Biscayne FL 33149-1542	
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/27/1989		3a. Date of Last Report 04/23/96	
4. FEI Number 65-0113259		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 SALA, JUAN C. 104 Crandon Blvd #413 Key Biscayne FL 33149-1542		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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME: PTS STREET ADDRESS: SALA, JUAN C. CITY-ST-ZIP: 104 Crandon Blvd #413 Key Biscayne FL 33149-1542		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2. TITLE NAME: D STREET ADDRESS: SALA, JUAN C. CITY-ST-ZIP: 104 Crandon Blvd #413 Key Biscayne FL 33149-1542		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3. TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4. TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE 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: *[Signature]* **Juan C. Sala Director** **4-28-97 (305) 361-0003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)