

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 13 PM 8: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K82402 (4)

1. Corporation Name

DOUGLAS SOUTH APARTMENTS, INC.

Principal Place of Business

**VILMA BENITEZ
900 DOUGLAS RD
CORAL GABLES FL 33134
US**

Mailing Address

**VILMA BENITEZ
1827 BRICKELL AVE APT. 1101
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/21/1989

3a. Date of Last Report

03/31/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0137351

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

**BENITEZ, VILMA
1827 BRICKELL AVE
APT. 1101
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name

Benitez, Vilma

82 Street Address (P.O. Box Number is Not Acceptable)

2858 NW 79th Ave

83

84 City

Miami

FL

85 Zip Code

33122

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
BENITEZ, VILMA
STREET ADDRESS
1827 BRICKELL AVE #1101
CITY - ST - ZIP
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
D
2 NAME
Benitez, Vilma
3 STREET ADDRESS
2858 NW 79th Ave
4 CITY - ST - ZIP
Miami, FL. 33122

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

Daytime Phone #