

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 # L10586 (0)

1. Corporation Name

WILLOW LAKE REALTY INVESTMENTS, INC.



Principal Place of Business

C/O KIRK FRIEDLAND, ESQUIRE  
501 SOUTH FLAGLER DRIVE, SUITE 505  
WEST PALM BEACH FL 33401

Mailing Address

C/O KIRK FRIEDLAND, ESQUIRE  
501 SOUTH FLAGLER DRIVE, SUITE 505  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

08/18/1989

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2963379

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KIRK FRIEDLAND, ESQUIRE  
501 SOUTH FLAGLER DRIVE, STE. 505  
WEST PALM BEACH 33401

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

Signature, typed or printed name of registered agent and the typed name (NOTE: Registered Agent signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

S

MEYLAN, LISE

☐ DELETE

NAME

STREET ADDRESS

18 RUE DE LA CORRATERIE

CITY-ST-ZIP

GENEVA, SWIT

TITLE

DP

NAEF, JEAN

☐ DELETE

NAME

STREET ADDRESS

18 CORRATERIE

CITY-ST-ZIP

GENEVA, SWIT.

TITLE

VP

MUELL, RONALD C. J

☒ DELETE

NAME

STREET ADDRESS

2665 S BAYSHORE DR #302

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VP  
MEUNIER, JEAN-MARC  
2665 S. BAYSHORE DR, #200  
MIAMI, FL 33133

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(305) 858 7749

CR2E034 (12/95)