FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L20781** **(5)**

1. Corporation Name

LAS OLAS ADMINSTRATORS, INC.

Principal Place of Business	Mailing Address
4950 S.W. 72ND AVE #201 MIAMI FL 33155	4950 S.W. 72ND AVE #201 MIAMI FL 33155

3. Date Incorporated or Qualified: 10/05/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0179655 (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	2a. Mailing Address
21 200 S Andrews Ave	26 200 S Andrews Ave
Suite, Apt. #, etc 22 6th Floor	Suite, Apt. #, etc. 27 6th Floor
City & State 23 Ft Lauderdale FL	City & State 28 Ft Lauderdale FL
Zip / Country 24 / 25 USA	Zip / Country 29 / 30 USA

9. Name and Address of Current Registered Agent

AWNER, JONATHAN L.
801 BRICKELL AVE.
24TH FLOOR
MIAMI FL 33131

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHON, RICHARD C. 100 N.E. 3RD AVENUE FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ☒ Change ☐ Addition Rochon Richard C 200 S Andrews Ave, 6th Floor Ft. Lauderdale FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARRIERO, EDWARD M JR. 490 S.W. 72ND AVENUE MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP ☒ Change ☐ Addition Carriero, Edward M Jr. 200 S Andrews Avenue, 6th Floor Ft. Lauderdale FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, WILLIAM 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D ☒ Change ☐ Addition Pierce William 200 S Andrews, 6th Floor Ft Lauderdale FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	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)(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: Edward M. Carriero Jr. 6/13/96 954-894-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Edward M. Carriero Jr.

CR2E034 (12/95)