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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L20781

(5)

1. Corporation Name
LAS OLAS ADMINSTRATORS, INC.

FILED
97 APR 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

200 S ANDREWS AVE
6TH FLOOR
FT LAUDERDALE FL 33155
US

Mailing Address

200 S ANDREWS AVE
6TH FLOOR
FT LAUDERDALE FL 33301-1884
US

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.
22 Suite 1500

City & State
23 FT. LAUDERDALE, FL

Zip Country
24 33301 25 USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.
27 Suite 1500

City & State
28 FT. LAUDERDALE, FL

Zip Country
29 33301 30 USA

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

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROCHON, RICHARD C.
STREET ADDRESS 200 S ANDREWS AVE 6TH FLOOR
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE DP
NAME CARRIERO, EDWARD M JR.
STREET ADDRESS 200 S ANDREWS AVE 6TH FLOOR
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE D
NAME PIERCE, WILLIAM
STREET ADDRESS 200 S ANDREWS 6TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL ☐ 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 450 EAST LAS OLAS BLVD, SUITE 1500
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 1500
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 1500
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME BRANDON CRIS V
4.3 STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR
4.4 CITY-ST-ZIP FT LAUDERDALE FL 33301

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 200002161072--B
5.3 STREET ADDRESS -05/01/97--01001--021
5.4 CITY-ST-ZIP ***3300.00 ***165.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 005-1-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0269540

CR2E034 (3/96)