

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L20781
1. Corporation Name
LAS OLAS ADMINSTRATORS, INC.

(5)

FILED

98 APR 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FT LAUDERDALE FL 33301
US

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

10/05/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE DP
NAME CARRIERO, EDWARD M JR.
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE D
NAME PIERCE, WILLIAM
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE Y
NAME BRANDEN, CRIS V
STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ 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

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

100002515791--7
-05/07/98--01038--009

****150.00 ****150.00
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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:

CRIS V BRANDEN

4/29/98

954-627-8820

CR2E034 (10/97)