## APPROVED AND FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION 95 JUNI -3 MY 10: 53 Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 SECI PLORIDA DIVISION OF CORPORATIONS L 25887 **DOCUMENT #** Amistad Properties, Inc. Principal Place of Business Mailing Address 8673 SIGN OST TOOR MIGHT FIRST STATE OF Last Report 1 STATE OF LAST 8672 SW 405+ # 208 Miahi FI 33155 10 126 189 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite. Apl. #, elc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired K) 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Zιρ Country This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes [] Yes ON [] 9. Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent Raphael C. Cervera Name Street Address (P.O. Box Number is Not Acceptable) 10110 PAN AMERICAN Dr. 63 Miami 33189 84 City 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 🔏 ered agent and title if applicati (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. de la F 1 1 THEF Change Applition Raphael C. Ceevera MARIE 12 NAME CR2E034 **GIREET AIXDRESS** 1 3 STREET ADORESS CHY-ST-DP MIQHI FI 33189 14 CITY - ST- ZIP TITLE 2 1 TITLE Change \_\_ Addition NALIE 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY ST- DP 2 4 CITY ST ZIP HILE DELETE 3 1 11146 Change Addition NAME 3.2 NAME STREET ACORESS 33 STHEET ADDRESS CITY - \$1 - 2/P 34 CITY ST-ZIP TITLE DELETE 4 1 TIFLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST ZIP 44 CITY ST ZIP HILE DELETE 5 1 DITLE Спапде Addition NAME 5.2 NAME STREET AE . RESS 5 3 STREET ACIDRESS CITY ST ZIP 5.4 CITY - ST - ZIP THE DELETE 6 1 TITLE Change ... Addition NAME 6.2 NAME STREET ANDRESS 6 3 STREET ADDRESS Cita St Die 6 4 CITY - ST - 2IP 14. Low 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 1 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR