

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:09**

**DOCUMENT # L50168 (8)**

1. Corporation Name  
**DOUGLAS CENTRE, INC.**

Principal Place of Business <b>2600 DOUGLAS RD SUITE 250 CORAL GABLES FL 33134-6127</b>	Mailing Address <b>2600 DOUGLAS RD SUITE 250 CORAL GABLES FL 33134-6127</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/15/1990</b>	3a. Date of Last Report <b>03/23/1994</b>
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4. FEI Number <b>65-0176567</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES INC  
1201 HAYS ST  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>
NAME	<b>FERNANDEZ, MARTHA</b>
STREET ADDRESS	<b>2600 DOUGLAS ROAD, PH-5</b>
CITY- ST- ZIP	<b>CORAL GABLES FL 33134-6127</b>
TITLE	<b>PD</b>
NAME	<b>ROSALES, X. E.</b>
STREET ADDRESS	<b>2600 DOUGLAS ROAD, PH-5</b>
CITY- ST- ZIP	<b>CORAL GABLES FL 33134-6127</b>
TITLE	<b>V</b>
NAME	<b>ROSALES, X. FRANCISCO</b>
STREET ADDRESS	<b>2600 DOUGLAS ROAD, PH-5</b>
CITY- ST- ZIP	<b>CORAL GABLES FL 33134-6127</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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. A changed, or on an attachment with an addendum.

**SIGNATURE:** *Xosita Fernandez*  
XOSITA FERNANDEZ, VICE PRESIDENT

3-17-95 (305) 444-1620