

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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # L50168 (8)

1. Corporation Name
DOUGLAS CENTRE, INC.



Principal Place of Business: **2600 DOUGLAS RD SUITE 250 CORAL GABLES FL 33134-6127**
Mailing Address: **2600 DOUGLAS RD SUITE 250 CORAL GABLES FL 33134-6127**

3. Date Incorporated or Qualified: **02/15/1990**
3a. Date of Last Report: **03/24/1995**

21	2. Principal Place of Business 2600 DOUGLAS ROAD Suite, Apt. #, etc. PH-6 City & State CORAL GABLES, FL Zip 33134	2a. Mailing Address 2600 DOUGLAS ROAD Suite, Apt. #, etc. PH-5 City & State CORAL GABLES, FL Zip 33134	22	Country USA	23	Country USA	4. FEI Number 65-0176567	Applied For <input type="checkbox"/> Not Applicable
24	Country USA	25	Country USA	26	Country USA	27	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
28	Country USA	29	Country USA	30	Country USA	31	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
32	Country USA	33	Country USA	34	Country USA	35	Country USA	7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARTHA	1.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134-6127	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, X. E.	2.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134-6127	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, X. FRANCISCO	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134-6127	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LEVITT, STEVEN T.
STREET ADDRESS		4.3 STREET ADDRESS	2600 DOUGLAS ROAD, PH-5
CITY - ST - ZIP		4.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 for 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 in an attachment with an address.

SIGNATURE:

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(305) 461-2142

Date Daytime Phone #

CR2E034 (12/95)