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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L50168

(8)

1. Corporation Name  
DOUGLAS CENTRE, INC.

Principal Place of Business

2600 DOUGLAS RD  
PH 6  
CORAL GABLES FL 33134  
US

Mailing Address

2600 DOUGLAS RD  
PH5  
CORAL GABLES FL 33134-6127  
US

3. Date Incorporated or Qualified  
02/15/1990

3a. Date of Last Report  
04/30/1996

4. FEI Number  
65-0176567

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

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 S ☒ DELETE  
NAME FERNANDEZ, MARTHA  
STREET ADDRESS 2600 DOUGLAS ROAD, PH-5  
CITY-ST-ZIP CORAL GABLES FL 33134-6127

TITLE PD ☐ DELETE  
NAME ROSALES, X. E.  
STREET ADDRESS 2600 DOUGLAS ROAD, PH-5  
CITY-ST-ZIP CORAL GABLES FL 33134-6127

TITLE VT ☐ DELETE  
NAME ROSALES, X. FRANCISCO  
STREET ADDRESS 2600 DOUGLAS ROAD, PH-5  
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ DELETE  
NAME LEVITT, STEVEN T.  
STREET ADDRESS 2600 DOUGLAS RD PH 5  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
2.3 STREET ADDRESS ROSALES, X.E.  
2.4 CITY-ST-ZIP 2600 Douglas Road, PH-5  
Coral Gables, FL 33134

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME PT  
3.3 STREET ADDRESS ROSALES, X. FRANCISCO  
3.4 CITY-ST-ZIP 2600 Douglas Road, PH-5  
Coral Gables, FL 33134

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VS  
4.3 STREET ADDRESS LEVITT, STEVEN T.  
4.4 CITY-ST-ZIP 2600 Douglas Road, PH-5  
Coral Gables, FL 33134

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

6.1 TITLE ☐ Change ☐ 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 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:

X. FRANCISCO ROSALES, PRES/T.

2/14/97

(305) 461-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)