

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

**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**

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.

22 City & State

23 Zip Country

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, MARTHA</b>	
STREET ADDRESS	<b>2800 DOUGLAS ROAD, PH-5</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134-6127</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
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>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSALES, X. FRANCISCO</b>	
STREET ADDRESS	<b>2600 DOUGLAS ROAD, PH-5</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVITT, STEVEN T.</b>	
STREET ADDRESS	<b>2600 DOUGLAS RD PH 5</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D ROSALES, X.E.</b>
2.3 STREET ADDRESS	<b>2600 Douglas Road, PH-5</b>
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PT ROSALES, X. FRANCISCO</b>
3.3 STREET ADDRESS	<b>2600 Douglas Road, PH-5</b>
3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VS LEVITT, STEVEN T.</b>
4.3 STREET ADDRESS	<b>2600 Douglas Road, PH-5</b>
4.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
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 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* 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)