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FILED

**Feb 14 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 # L57938

(7)

**1. Corporation Name
EUREKA LAND COMPANY, INC.**



**Principal Place of Business
2600 DOUGLAS RD
PH-5
CORAL GABLES FL 33134-6127**

**Mailing Address
2600 DOUGLAS RD
PH-5
CORAL GABLES FL 33134-6134**

3. Date Incorporated or Qualified 03/16/1990	3a. Date of Last Report 04/25/1996
4. FEI Number 65-0180006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

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 <input type="checkbox"/>
NAME LEVITT, STEVEN T.	
STREET ADDRESS 2600 DOUGLAS RD PH-5	
CITY - ST - ZIP CORAL GABLES FL	
TITLE PD	DELETE <input type="checkbox"/>
NAME ROSALES, X.E.	
STREET ADDRESS 2600 DOUGLAS RD PH-5	
CITY - ST - ZIP CORAL GABLES FL 33134	
TITLE VT	DELETE <input type="checkbox"/>
NAME ROSALES, X. FRANCISCO	
STREET ADDRESS 2600 DOUGLAS ROAD PH-5	
CITY - ST - ZIP CORAL GABLES FL	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME LEVITT, STEVEN T.	
1.3 STREET ADDRESS 2600 Douglas Road, PH-5	
1.4 CITY - ST - ZIP Coral Gables, FL 33134	
2.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME ROSALES, X.E.	
2.3 STREET ADDRESS 2600 Douglas Road, PH-5	
2.4 CITY - ST - ZIP Coral Gables, FL 33134	
3.1 TITLE PT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME ROSALES, X. FRANCISCO	
3.3 STREET ADDRESS 2600 Douglas Road, PH-5	
3.4 CITY - ST - ZIP Coral Gables, FL 33134	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)