

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L95201 (4)**  
1. Corporation Name  
**CHURCH & TOWER, INC.**



Principal Place of Business: **8600 N.W. 36TH STREET EIGHT FLOOR MIAMI FL 33166 US**  
Mailing Address: **8600 N.W. 36TH STREET EIGHT FLOOR MIAMI FL 33166 US**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for additional entities.

3. Date Incorporated or Qualified: **08/22/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **65-0227979**  
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

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0507 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MAS, JORGE	1. TITLE:	
STREET ADDRESS: 8600 NW 36TH ST., 8TH FLOOR	CITY-STATE-ZIP: MIAMI FL	2. NAME:	
TITLE: VD	NAME: MAS, JUAN CARLOS	3. STREET ADDRESS:	
STREET ADDRESS: 8600 NW 36TH STREET, 8TH FLOOR	CITY-STATE-ZIP: MIAMI FL	4. CITY-STATE-ZIP:	
TITLE: TD	NAME: MAS, JOSE RAMON	5. TITLE:	
STREET ADDRESS: 8600 N.W. 36TH STREET, 8TH FLOOR	CITY-STATE-ZIP: MIAMI FL	6. NAME:	
TITLE: S	NAME: DAMON, NANCY J	7. STREET ADDRESS:	
STREET ADDRESS: 8600 N.W. 36TH STREET, 8TH FLOOR	CITY-STATE-ZIP: MIAMI FL	8. CITY-STATE-ZIP:	
TITLE:	NAME:	9. TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	10. NAME:	
TITLE:	NAME:	11. STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	12. CITY-STATE-ZIP:	
TITLE:	NAME:	13. TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	14. NAME:	
		15. STREET ADDRESS:	
		16. CITY-STATE-ZIP:	
		17. TITLE:	
		18. NAME:	
		19. STREET ADDRESS:	
		20. CITY-STATE-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 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: *Nancy J Damon* **Nancy J Damon 4-7-96 305-599-1800**

CR2E034 (12/95)