

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

**FILED**

**Jan 29 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 # L95201 (4)**  
1. Corporation Name  
**CHURCH & TOWER, INC.**



Principal Place of Business: **3155 NW 77TH AVE #150 MIAMI FL 33122 US**  
Mailing Address: **3155 NW 77TH AVE #150 MIAMI FL 33122-1205 US**

3. Date Incorporated or Qualified: **08/22/1990**  
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business: **21 Attn: Tax Dept.**  
2a. Mailing Address: **26 Attn: Tax Dept.**

4. FEI Number: **65-0227979**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State:  
28. City & State:

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: Country:  
25. Country:  
29. Zip: Country:  
30. Country:

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. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <input type="checkbox"/> DELETE         | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PD MAS, JORGE</b>                    | 1.2 NAME  |  |
| STREET ADDRESS             | <b>8600 NW 36TH ST., 8TH FLOOR</b>      | 1.3 STREET ADDRESS                                    | <b>3155 NW 77th Ave</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                         | 1.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33122</b>  |
| TITLE                      | <input type="checkbox"/> DELETE         | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VD MAS, JUAN CARLOS</b>              | 2.2 NAME  |  |
| STREET ADDRESS             | <b>8600 NW 36TH STREET, 8TH FLOOR</b>   | 2.3 STREET ADDRESS                                    | <b>3155 NW 77th Ave</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                         | 2.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33122</b>  |
| TITLE                      | <input type="checkbox"/> DELETE         | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TD MAS, JOSE RAMON</b>               | 3.2 NAME  |  |
| STREET ADDRESS             | <b>8600 N.W. 36TH STREET, 8TH FLOOR</b> | 3.3 STREET ADDRESS                                    | <b>3155 NW 77th Ave</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                         | 3.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33122</b>  |
| TITLE                      | <input type="checkbox"/> DELETE         | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>S DAMON, NANCY J</b>                 | 4.2 NAME  |  |
| STREET ADDRESS             | <b>8600 N.W. 36TH STREET, 8TH FLOOR</b> | 4.3 STREET ADDRESS                                    | <b>3155 NW 77th Ave</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                         | 4.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33122</b>  |
| 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 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: *Nancy J. Damon* **Nancy J. Damon 1-9-97** **305-599-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)