

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M10618**

(0)

1. Corporation Name

**AVOCADO TRAILER PARK, INC.**

Principal Place of Business

**1170 N.W. 79 ST.  
MIAMI FL 33150**

Mailing Address

**2634 JOHNSON ST.  
HOLLYWOOD FL 33020**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

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Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

**SPIEGELMAN, ROBERT I.  
19 WEST FLAGLER ST.  
#518  
MIAMI FL**

3. Date Incorporated or Qualified

**01/29/1985**

3a. Date of Last Report

**08/08/1995**

4. FLE Number

**59-2577242**

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

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 607.0602 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the registered agent of the corporation.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **DP  
COLE, MITCHELL**  
STREET ADDRESS **2834 JOHNSON ST.**  
CITY, ST, ZIP **HOLLYWOOD FL**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE ☐ DELETE

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