


FILED

Apr 25 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 # M27781  
1. Corporation Name  
FLORHOLDINGS, INC.

(7)

Principal Place of Business  
2 ALHAMBRA PLAZA  
1202  
CORAL GABLES FL 33134  
US

Mailing Address  
2 ALHAMBRA PLAZA  
1202  
CORAL GABLES FL 33134-5202  
US

3. Date Incorporated or Qualified  
02/21/1986

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

4. FEI Number  
59-2736410

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent  
ALHAMBRA REGISTERED AGENTS  
2 ALHAMBRA PLAZA, SUITE 1202  
PENTHOUSE  
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS  
1.1 TITLE D  
1.2 NAME LASSER, MARSHALL  
1.3 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.4 CITY- ST- ZIP CORAL GABLES FL  
1.5 TITLE D  
1.6 NAME WINTER, JOHN  
1.7 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.8 CITY- ST- ZIP CORAL GABLES FL  
1.9 TITLE DV  
1.10 NAME SIMMONS, MAE  
1.11 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.12 CITY- ST- ZIP CORAL GABLES FL  
1.13 TITLE D  
1.14 NAME KARP, JOEL J.  
1.15 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.16 CITY- ST- ZIP CORAL GABLES FL  
1.17 TITLE P  
1.18 NAME ISAZA, LUIS FERNANDO  
1.19 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.20 CITY- ST- ZIP CORAL GABLES FL  
1.21 TITLE TAS  
1.22 NAME CRUZ, GLORIA  
1.23 STREET ADDRESS 2 ALHAMBRA PLAZA STE 1202  
1.24 CITY- ST- ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE D/Co-S  
2.2 NAME Simmons, Mae  
2.3 STREET ADDRESS 2 Alhambra Plaza, Suite 1202  
2.4 CITY- ST- ZIP Coral Gables, FL 33134  
2.5 TITLE D/Co-S  
2.6 NAME Karp, Joel J.  
2.7 STREET ADDRESS 2 Alhambra Plaza, Suite 1202  
2.8 CITY- ST- ZIP Coral Gables, FL 33134  
2.9 TITLE VP/T  
2.10 NAME Cruz, Gloria  
2.11 STREET ADDRESS 2 Alhambra Plaza, Suite 1202  
2.12 CITY- ST- ZIP Coral Gables, FL 33134

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: \_\_\_\_\_ Gloria Cruz, Vice President 305-445-3545

CR2E034 (9/96)