

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 MAY -1 AM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48632** (7)

1. Corporation Name:
ALDEMAR DESIGNS, INC.

Principal Place of Business: **12338 SW 131ST AVENUE MIAMI FL 33186**
Mailing Address: **12338 SW 131ST AVENUE MIAMI FL 33186**

(PLEASE WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
12338 SW 131ST AVENUE MIAMI FL 33186		12338 SW 131ST AVENUE MIAMI FL 33186		03/18/1987	08/10/1994
4. FEI Number	5. Certificate of Status Desired		Applied For / Not Applicable		
59-2797378	<input type="checkbox"/>		\$8.75 Additional Fee Required		
21. Principal Name of Shareholder		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution	
22. State Apt # etc		27. State Apt # etc		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		6. This corporation has liability for intangible tax under Florida Statutes	
24. Zip		29. Zip		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AGUIRRE, JAVIER 1342 SW 100TH AVENUE MIAMI FL 33176				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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	NAME	TITLE	NAME
P	AGUIRRE, JAVIER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1342 SW 100TH AVENUE	MIAMI FL		
S	AGUIRRE, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1342 SW 100TH AVENUE	MIAMI FL		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 119.03(2)(a) 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. But 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 of this report, or on an attachment with an address.

SIGNATURE: *Barbara Aguirre* **Barbara Aguirre** 1/29/95 305-253-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

DOCUMENT # **M49189** (7)

MOBILE SUTTON PLACE, INC.

Principal Place of Business: 2655 S. LEJEUNE ROAD, SUITE 716, CORAL GABLES FL 33134
Mailing Address: 2655 S. LEJEUNE ROAD, SUITE 716, CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1987	3a. Date of Last Report 08/17/1994
4. FEI Number 59-2803196	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
7. This corporation has failed to incorporate by statute of Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite Apt. # etc.	26. Mailing Address Suite Apt. # etc.
22. City & State	27. City & State
24. State	25. County
29. State	30. County

9. Name and Address of Current Registered Agent

**ESTEVEZ, ANTHONY J.
2655 S. LEJEUNE ROAD, SUITE 716
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. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), 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 607.01(2)(B), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
01. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	ESTEVEZ, ANTHONY	2. NAME	
03. STREET ADDRESS	2655 S. LEJEUNE ROAD	3. STREET ADDRESS	
04. CITY & STATE	CORAL GABLES FL	4. CITY & STATE	
05. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME		6. NAME	
07. STREET ADDRESS		7. STREET ADDRESS	
08. CITY & STATE		8. CITY & STATE	
09. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.01(1)(b), Florida Statutes. I further certify that the information included 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 member or member empowered to execute this report as required by Chapter 1007, Florida Statutes, and that my name appears on Block 1, or Block 1, of changes to the corporation with an address.

SIGNATURE: *Anthony J. Estevez* **Anthony J. Estevez 3/27/95** (305) 446-9200
SIGNATURE MUST APPEAR ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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03/26/1994

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M49203** (6)
1. Corporation Name
MELBOURNE ARCH CREEK, INC.

Principal Place of Business Mailing Address
2655 S. LEJEUNE ROAD SUITE 716 CORAL GABLES FL 33134

2. Principal Place of Business Mailing Address
21 26 Suite, Apt. #, etc. 27 City & State

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/26/1987** 3a. Date of Last Report **08/17/1994**

4. FEI Number **59-2804830** 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 is liable for intangible tax under Chapter 199, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**ESTEVEZ, ANTHONY J.
2655 S. LEJEUNE ROAD
SUITE 716
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 _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESTEVEZ, ANTHONY
STREET ADDRESS	2655 S. LEJEUNE RD.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:  **Anthony J. Estevez** 3/27/95 (3-5) 446-920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR