

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M48950** (3)

1. Corporation Name
SOUTH FLORIDA LAND DEVELOPERS, INC.

Principal Place of Business Mailing Address
9910 S.W. 3RD ST. MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/24/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2795117** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

same

9. Name and Address of Current Registered Agent
**LOPEZ, JORGE L.
9910 S.W. 3RD ST.
MIAMI FL 33174**

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 *J. Lopez* DATE *5-1-95*
Signature typed or printed name of registered agent and if applicable NOTE: Signature of agent not required when re-registering DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | D |
| NAME | LOPEZ, ISABEL S. |
| STREET ADDRESS | 9910 SW 3 ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | LOPEZ, JORGE L. |
| STREET ADDRESS | 9910 SW 3 ST. |
| CITY - ST - ZIP | MIAMI 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 | 200001492072 |
| 13 STREET ADDRESS | -05/17/95--01158--020 |
| 14 CITY - ST - ZIP | ****225.00 ****225.00 |
| 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 | <i>add</i> |
| 63 STREET ADDRESS | <i>5-1-95</i> |
| 64 CITY - ST - 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)(b), 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 stamped, or on an attachment with an address.

SIGNATURE: *J. Lopez* DATE: *5-1-95* *305-298-873*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #

APPROVED AND FILED
1995 MAY -1 PM 3:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA