

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

FILED  
May 15 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 # M54052 (9)  
1. Corporation Name  
FAIRTOWN INVESTMENTS, INC.



Principal Place of Business Mailing Address  
~~OWEN S. FREED~~  
~~2500 MUSEUM TOWER 150 W FLAGLER~~  
~~MIAMI FL 33134~~  
~~OWEN S. FREED~~  
~~2500 MUSEUM TOWER 150 W FLAGLER~~  
~~MIAMI FL 33134~~

2. Principal Place of Business 2a. Mailing Address  
21 C/O Ernesto Sanchez P.A.  
814 Ponce de Leon Blvd.  
Suite 505  
22 Suite 505  
23 City & State  
Coral Gables, FL  
24 Zip 33134 25 Country USA  
26 City & State  
Coral Gables, FL  
27 Suite 505  
28 City & State  
Coral Gables, FL  
29 Zip 33134 30 Country USA

3. Date Incorporated or Qualified 06/17/1987 3a. Date of Last Report 04/15/1996  
4. FEI Number 65-0113251 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OWEN S. FREED~~  
~~2500 MUSEUM TOWER~~  
~~150 W FLAGLER~~  
~~MIAMI FL 33134~~  
81 Name Ernesto Sanchez, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
814 Ponce de Leon Blvd.  
83 Suite 505  
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0102 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 *Ernesto Sanchez* 5/8/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<del>OWEN S. FREED</del>	<del>150 W FLAGLER ST</del>	<del>MIAMI FL</del>				
				2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	AMADO, FERNANDO PEREZ	APARTADO 60	MAYAGUEZ				
				3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
					Perez, Javier	37 Majorca, Apt. 304	Coral Gables, FL 33134
				4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
					Perez, Carlos	37 Majorca, Apt. 304	Coral Gables, FL 33134
				5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
					Sanchez, Ernesto	814 Ponce de Leon Blvd., Suite 505	Coral Gables, FL 33134
				6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
						600002197056	-06/02/97--01010--011
						***173.50	

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: *Ernesto Sanchez* 4/9/97 (305) 441-2040

CR2E034 (9/96)