| FILE | NOW: FILING FEE | AFTER MAY 1 IS | \$225.00 | |
|---|--|---|--|--|
| CORF ANNU | ROFIT PORATION AL REPORT | FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COR | Mortham of State | |
| DOCUMENT # M60/02. 1. Corporation Name | | | | |
| A. 8 | R. LANd H | 'olding Co. | | |
| Principal Place | of Business S.w.87c+ | Mailing Address | | |
| MIAM | ·.Flq. 33143 | SAHE. | | 3. Date Incorporated or Qualified 3a. Date of Last Report 4-1/995 |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| Suite, Apt. # | i etc | Suite, Apt. #, etc. | | Not Applicable Not Applicable S8.75 Additional |
| 22 | | 27] | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees |
| Z ₁ p | Country 25 | Zip 30 | Country . | This corporation has liability for intangible tax under s 199.032, Florida Statutes |
| | 9. Name and Address of Currer | | 81 Name | 10. Name and Address of New Registered Agent |
| ı | Julio C. May | reto Hype | | Address (P.O. Box Number is Not Acceptable) |
| | 949 Ponce de 1 | eur 1811/0 41603 | 83 | 103 SalzeDo Street |
| • | CORAL SABles | F1. 33134 | | les 7a Codo |
| | // | | 84 City | ral Gables FL 85 ZID Code 33134 |
| 11. Pursuant t or register | o the provisions of Sections 607.0502 ed agent, or both in the State of Flori | and 607.1508, Florida Statutes, t da. Such change was authorized b | the above named or by the corporation's | orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am |
| | h, and accept the obligations of Sool | ion 607,0505, Florida Statutes. | | 5/8/9/2 |
| | Signature, lysed or pright manie of registered agent | ace to all applicable (NOTE: F DIDIRECTORS | Togistered Agent's gnature | equired when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | Pres / TREASURER / D | | 1. 1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| NAME | Rudo/Ph GONZA/ez | • | 1.2 NAME | |
| STREET ADDRESS | HIANI FIA | err | 1.3 STREET ADDRESS 1.4 CHY+ST-ZIP | |
| CITY-ST-ZIP TITLE | VICE PRESIDENT / | Secretmy[] DELETE | 2 1 HILF | Addition Department of the state of the stat |
| NAME | ANA A PEREZ | , , | 2.2 NAME 2.3 STREET ADDRESS | ANA M. ANIAS TEOTS.W. 109 AVE HINNI . FIA. 33173 |
| STREET ADDRESS DITY-ST-ZIP | 13555 S.W. 114 MIANI FA . 3 | 6186 | 2 4 CITY-ST-ZIP | MIANI . FIA . 33173 |
| TITLE | | DELETE | 3 1 TITLE |) Change Addition |
| NAME | | | 3.2 NAME 3.3. STREET ADDRESS | |
| STREET ADDRESS CHTY-ST-ZIP | | | 3.3. STREET AUDRESS | |
| TITLE | | ☐ DELETE | 4 1 TITLE | Change Addition |
| NAME STREET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS | 500001040000 |
| CITY-ST-ZIP | | | 4.4 CITY - ST-ZIP | 500001840065 -05/28/9601018004 |
| TITLE | | [_] DELETE | 5. 1 TITLE | ***200.00 |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY - SE-ZIP | |
| TITLE | | DELEIF | 6 1 111LE | Change Addition |
| NAME STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | 5-1-96 |
| CITY-ST-ZIP | | | 6.4 CITY - \$1 - ZIP | de B |
| 14. I do herek certify that | t the information indicated on this on | iuat report or supplemental annual ioration or the receiver or trustee e | l report is true and a empowered to exect | lalify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further occurate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name |
| SIGNAT | | O Bura- | · | 4/22/96 305-2777523 |
| SIGITAL | SIGNATURE AND TYPED | OR PRINTED NAME OF SIGNING OFFICER (| DA DIRECTOR | Date Daytin's Phone # |