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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M61896

(0)

FLAGLE	ER 8390 PROPERTIES, II	NC.							
Friedipal Place of Business Mailing Address \$ JOSE A. NAVARRO 7950 WEST FLAGLER STREET. SUITE 104 MIAMI FL 33144 MIAMI FL 33144				E 104	(HOSIOCH IND SHIP) WITH HENCE BUY GIGHT STOM CHAIL SHELL CHELL COST 1001				
MIAMI PL 331	94	MIAMI FE 33144	MIAMI FE 33174		3. Date Incorporated or Qualified 3a. Date of Last Repo 11/03/1987 01/17/1995				
2. Principal Plac	Francipal Place of Business 2a, Mailing Address 26				4. FEI Number 65-0010243	Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
		Zip 29	Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9 Name and Address of Cur				10. Name and Address of New Registered Agent				
	g. Hallo and Hadicas of Oat	Total Hogistone Algoria	8	Name					
NAVARRO, JOSE A.			83	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)			
7950 WEST FLAGLER STREET SUITE 104			8:	3					
MIAMI FL 33144			В	4 City		FL	85 Zip	Code	
12.	Styrating type disciplanted care of rigidenal a OFFICERS	open and the Eavolcable (N AND DIRECTORS	01) Registered Ag	ent signature require	et wit en reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
DEF IAME PERFEADURESS	NAVARRO, JOSE A.		1.2 NAMI	Į.		·			
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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)(k). 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 outly, 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 it charged, or on as an accurate with an address.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (305)246.8600