FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M67779** **(2)**

1. Corporation Name
SOUTH DADE LAND CORPORATION

Principal Place of Business	Mailing Address
% CHARLES P. SACHER 2655 LEJEUNE RD. #1101 CORAL GABLES FL 33134-5872	% CHARLES P. SACHER 2655 LEJEUNE RD. #1101 CORAL GABLES FL 33134-5872

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/01/1988**
3a. Date of Last Report: **03/21/1994**

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

4. FEI Number: **65-0025433** ☐ 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

SACHER, CHARLES P.,
2655 LEJEUNE RD.
#1101
CORAL GABLES FL

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 _____ DATE
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	~~VD~~	11 TITLE	VD	☒ Change ☐ Addition
NAME	~~TORCISE, JOSEPH~~	12 NAME	TORCISE, STEVE	
STREET ADDRESS	~~P.O. DRAWER 6666, NA~~	13 STREET ADDRESS	Po Box 3004	
CITY-ST-ZIP	~~FLORIDA CITY FL~~	14 CITY-ST-ZIP	Fla City, Fla. 33034	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DIMARE, PAUL	22 NAME		
STREET ADDRESS	P.O. DRAWER 1160 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33090-1160	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	STRANO, ROSARIO	32 NAME		
STREET ADDRESS	P.O. BOX 3064 NA	33 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HUMBLE, JAMES	42 NAME		
STREET ADDRESS	P.O. BOX 3517 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33034	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	IORI, RALPH	52 NAME		
STREET ADDRESS	P.O. BOX 3005 NA	53 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	SAPP, FRANK	62 NAME		
STREET ADDRESS	973 NW 9TH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33034	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)(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 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: Steven L Humble April 3, 1995 3052454211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0141497 CP