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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M75545

(7)

| 1. Corporation Name HAYDEN PROPERTIES, INC.  Principal Place of Business P.O. BOX 330487 COCONUT GROVE FL 33233-0487  COCONUT GROVE FL 33233-0487 |  |                  |                                  |                                  |                                |                                   |   |           |                             |                    |
|---|--|------------------|----------------------------------|----------------------------------|--------------------------------|-----------------------------------|---|-----------|-----------------------------|--------------------|
|   |  |                  |                                  |                                  |                                |                                   | 3. Date Incorporated or Qualifie 04/06/1988   |           | Date of Last R<br>5/01/1996 | leport             |
| 2. Principal F<br>21  | Place of Business  | <del> </del>     | 2a. Malling Address<br>26        |                                  |                                | 4. FEI Number<br>65-0080947       |   | Ar        | oplied For<br>ot Applicable |                    |
| Suite, Apt  | #, etc.  | Suit             | Suite, Apt. #, etc.              |                                  |                                |                                   | Certificate of Status Desired   |           | \$8.75                      | Additional adulted |
| City & Stat   | te   |                  | & State                          |                                  |                                |                                   | 6. Election Campaign Financing<br>Trust Fund Contribution   | П         | \$5.00                      | May Be<br>to Fees  |
| Zip<br>24   | Country<br>25  | Zıp              |                                  | Count                            | ry                             |                                   | This corporation has liability for Florida Statutes   |           |                             |                    |
|   | 9. Name and Address of Curre   | ent Registered   | i Agent                          |                                  |                                |                                   | 10. Name and Address of New   | Registere | d Agent                     |                    |
| JOH   | HNSON, JAMES HAYDEN JR   |                  | •                                | 8                                | 1 Na                           | me                                |   |           |                             | •                  |
| 3025 BLAINE STREET<br>COCONUT GROVE FL 33133  |  |                  | 8:                               | 2 Str                            | et Addre                       | ess (P.O. Box Number is Not Accep | table)  |           |                             |                    |
| • •   |  |                  |                                  | 6:                               | 3                              |                                   |   |           |                             |                    |
|   |  |                  |                                  |                                  | 4 Cit                          |                                   | **. /   |           | 85 Zip                      | Code               |
|   |  |                  |                                  |                                  | 1                              |                                   |   | F         |                             |                    |
| office of agent. It as SIGNATURE  | to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblining the state of the section of the sectio | igations of, Sec | ction 607.0505, Floricable. (NOT | orida Statute<br>E: Registered A | <del>8</del> \$.               |                                   | on's board of directors. I hereby account of the reinstating of when reinstating.  ADDITIONS/CHANGES TO OFF | DATE      |                             |                    |
| TIDLE   | D  |                  |                                  |                                  | 13.<br>1.1 THLE                |                                   | ADDITIONS/CHANGES TO OF   | TOENS A   | Change                      | Addition           |
| NAME  | JOHNSON, JAMES HAYDEN  | JR.              |                                  |                                  | 1.2 NAME<br>1.3 STREET ADDRESS |                                   |   |           |                             | - Notation         |
| STREET ADDRESS  | 3025 BLAINE STREET   | •••              |                                  |                                  |                                |                                   |   |           |                             |                    |
| CITY - S1 - ZIP   | COCONUT GROVE FL 33133   | }                |                                  | 1.4 CiTY-                        |                                |                                   |   |           |                             |                    |
| TIBLE   |  |                  | DELETE                           | 2.1 TITLE                        |                                |                                   |   | ··        | Change                      | Addition           |
| NAME  |  |                  | 2.2 NAME                         |                                  |                                |                                   |   |           |                             |                    |
| STREET ADDRESS  |  |                  |                                  | 2.3 STREE                        | et addri                       | SS                                |   |           |                             |                    |
| CITY - ST - ZIP   |  |                  |                                  | 2.4 CITY                         | - ST- ZIP                      |                                   |   |           |                             |                    |
| THILE   |  |                  | ☐ DELETE                         | 3.1 TITLE                        |                                |                                   |   |           | Change                      | Addition           |
| NAME  | Į  |                  |                                  | 3.2 NAME                         | -                              |                                   |   |           |                             |                    |
| STREET ADDRESS  |  |                  |                                  | 3.3 STREE                        |                                | SS                                |   |           |                             |                    |
| CITY - ST - ZIP   |  |                  | DELETE                           | 3.4. CITY                        |                                |                                   |   |           | Change                      | Addition           |
| TITLE   |  |                  | Derete                           | 4.1 TITLE                        |                                | ł                                 |   |           | ☐ Change                    | Addition           |
| NAME  |  |                  |                                  | 4. 2 NAM                         |                                |                                   |   |           |                             |                    |
| STREET ADDRESS  |  |                  |                                  | 4.3 STREE                        |                                | 55                                |   |           |                             |                    |
| CHY-S1-ZIP<br>TITLE   |  |                  | DELETE                           | 44 CITY-<br>51 TITLE             |                                |                                   |   |           | Change                      | Addition           |
| NAME  |  |                  |                                  | 52 NAME                          |                                |                                   |   |           |                             |                    |
| STREET ADDRESS  |  |                  |                                  | 5 3 STREE                        |                                | 22                                |   |           |                             |                    |
| CITY ST - ZIF   |  |                  |                                  | 54 CiTY-                         |                                | ~                                 |   |           |                             |                    |
|   |  |                  |                                  |                                  |                                |                                   |   |           |                             |                    |
| TITLE   |  |                  | DELETE                           | 61 TITLE                         |                                |                                   |   |           | Change                      | Addition           |
|   |  |                  | DELETE                           |                                  |                                |                                   |   |           | Change                      | Addition           |

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** 

SIGNATURE AND TYPED OR PRINTED HUME OF STORING OFFICER OR DIRECTO

4/30/1

(305)642-2214 Daytine Phone #

FILED

May 13 1997 8:00am

Secretary of State

R2E034 (9/96)