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Apr 11 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 # M95258 (3)

1. Corporation Name
CHARADE PROPERTIES, INC.

Principal Place of Business
~~115 MADEIRA AVE~~
~~CORAL GABLES FL 33104~~
US

Mailing Address
~~115 MADEIRA AVE~~
~~CORAL GABLES FL 33104 4615~~
US



2. Principal Place of Business
21 5201 Blue Lagoon Dr

22 Suite 650

23 MIAMI FLORIDA

24 33126 25 USA

2a. Mailing Address
26 5201 Blue Lagoon Dr.

27 Suite 650

28 MIAMI FLA

29 33126 30 USA

3. Date Incorporated or Qualified
08/22/1988

3a. Date of Last Report
04/08/1996

4. FEI Number
98-0064289

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

ARAZOZA, CARLOS F.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME CELA, JORGE CUSCO
STREET ADDRESS 101 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE DP
NAME CELA, RICARDO CUSCO
STREET ADDRESS 101 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE DT
NAME CELA, EDUARDO CUSCO
STREET ADDRESS 101 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE DS
NAME CELA, ENRIQUE CUSCO
STREET ADDRESS 101 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

Daytime Phone #

CR2E034 (9/96)