

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FL-1071

**APPROVED
AND
FILED**

95 APR 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N12572 (6)
1. Corporation Name
MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

**% LEGAL DEPARTMENT
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5812**

**% LEGAL DEPARTMENT
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016-5812**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/17/1985** 3a. Date of Last Report **03/29/1994**

4. FEI Number **65-0030482** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**BRAFMAN, HOWARD J.
7900 MIAMI LKS DR. W.
MIAMI LAKES FL 33016-2897**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERRITT, IRA S. 304 ROYAL POINCIANA PL PALM BEACH FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCGILL, ROSS 15255 N.W. 82 AVENUE MIAMI LAKES FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VAN DAAM, DAVID 15200 N.W. 60TH AVE. MIAMI LAKES FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **March 30, 1995** (305) 364-4213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD J. BRAFMAN, PRESIDENT