## 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 # P38015

(4)

MICHAEL APARTMENTS, INC.

Principal Place of Business	Mailing Address	
PO BOX 652652 Miami FL 33265-2652	PO BOX 652652 Miami Fl 33265-2652	

**FILED** May 12 1997 8:00am Secretary of State



Principal Place of Business PO BOX 652652 MIAMI FL 33265-2652		Mailing Address PO BOX 652652 MIAMI FL 33265-2652	PO 80X 652652					
					3. Date incorporated or Qu 03/23/1992	<b>I</b>	d 3a. Date of Last Report 05/01/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	98-0019	236	Applied For
21		26			HOT-APPLICABLE			Not Applicable
Suite, Apt	#, otc	Suite, Apt. #, etc.			5. Certificate of Status Desi	ired 🔀		Additional Required
City & Stat	te	City & State			6. Election Campaign Finar	ncina		May Be
23		28			Trust Fund Contribution			d to Fees
Ζip	Country	Zip	Country	/	8. This corporation has liab	ility for intengible		rs. 199.032,
24	25	29	30		Florida Statutes		□ No	
	9. Name and Address of Cui	rent Hegistered Agent	81	Name	10. Name and Address of I	New Hegistered	Agent	
	RÉZ, ALICIA							
	5 S.W. 124 AVENUE VMI FL 33184		82	Street Ac	ldress (P.O. Box Number is Not A	cceptable)		
MIA	WII FL 33104		83	<del>                                     </del>			***************************************	***************************************
			84	City			85 Zi	p Code
	to the provisions of Sections 607, registered agent or both, in the Si			1		<u>FL</u>		
SIGNATURE.		AND DIRECTORS	13.	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS ANI		
TITLE	PD	DELETE	1.1 TITLE				☐ Change	e 🔲 Addition
NAMÉ	SANTUCCI, ALFREDO	MD.	1.2 NAME					
STREET ADDRESS	4 EDIFICIO IKARUS ALTAN CARACAS, VENEZUELA	RHA		T AODRESS				
TITLE	SD SD	DELETE	1.4 CiTY- 2.1 TiTLE	ST - ZIP			Chang	e Additio
NAME	DE SANTUCCI, ANNA ROS	<del></del>	2.2 NAME	İ				
STREET ADDRESS	4 EDIFICIO IKARUS ALTAN		2.3 STREE	T ADDRESS				
CITY - ST - ZIF	CARACAS, VENEZUELA		2. 4 CITY -	ST-ZIP				
TITCF	D	☐ DELETE	3.1 TITLE				☐ Chang	e []] Additio
NAME	NOUEL TRUST, N.V.		3.2 NAME					
STREET ADDRESS	EROSWEG, 59 C CURACAO ANTILLES NETI	JEDI ANDO		T ADDRESS				
CITY-ST-ZP	COUNCYO MAINTEO HEIL	DELETE	3.4 CITY- 4.1 TITLE	S1-ZIP			☐ Chang	e 🔲 Additio
NAME			4.2 NAME	. 1				
STREET ADDRESS			43 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chang	e 🔲 Additio
NAME		•	52 NAME	i i				
STREET ADDRESS				T ADDRESS				
CITY - ST- ZIP		DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP			☐ Chang	e Additio
TITLE	}	C. DECETE	6.2 NAME	}			LLI VIGILI	u June Burne
STREET ADDRESS				T ADDRESS				
City - St - ZiP		<b>1</b>	6.4 CITY -					
44 4	L				ted in Costion 110 07/3Vi). Elected	Clatidae I fireth	or opelify th	ant the

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 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 the teste emproved to execute this report as required by shapter 60%, Florida Statutes; and that my name appears in Block 12 or Block 13 if shapped, or on an attachment with an address.

**SIGNATURE:** 

55**3-4333**