

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P92000003692 (0)

1. Corporation Name

EGRET WOODS REAL ESTATE, INC.

95 JUL -6 AM 8:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**C/O BARRY M BOREN
 9200 S DADELAND BLVD. STE 412
 MIAMI FL 33156
 US**

**C/O BARRY M BOREN ESO
 9200 S DADELAND BLVD. STE 412
 MIAMI FL 33156
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/12/1992** 3a. Date of Last Report **04/20/1994**

4. FCI Number **59-3150533** ☐ Added For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for a delinquent fee under s. 609.02, 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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOREN, BARRY M
 9200 S. DADELAND BLVD., #412
 MIAMI FL 33156**

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent or Registered Agent for the Corporation

Signature of Registered Agent or Registered Agent for the Corporation

Date

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

1. TITLE	PTSD
2. NAME	MENDEZ, ERNESTO
3. STREET ADDRESS	C/O BARRY M BOREN ESO - 9200 DADELAND BLVD
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 609.02(3)(b), Florida Statutes. I further certify that the information reflected 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. I am an officer or director of the corporation or the resident or licensed representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6/15/95

(305) 670-7200

CP2E034 (3/95)