

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROXY
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

97 MAY 13 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003692 (0)

1. Corporation Name

EGRET WOODS REAL ESTATE, INC.

REINSTATEMENT 96-97

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 ESQ
9200 S DADELAND BLVD. STE 412
MIAMI FL 33156
US C/O Felix J. Cedeno

3. Date Incorporated or Qualified
11/12/1992

3a. Date of Last Report
07/06/1995

4. FEI Number

59-3150533

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1883 N.W. 7th St.

22 City & State

27 7

23 Zip

28 Miami, Fl.

24 Country

29 33125

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ernesto Mendez

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

15476 NW 77 Court # 503

83

84 City

Miami Lakes, Fl.

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

APR - 1 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTSD ☐ DELETE
NAME MENDEZ, ERNESTO
STREET ADDRESS C/O BARRY M BOREN ESQ - 9200 DADELAND BLVD
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 15476 NW 77 Court # 503
1.4 CITY - ST - ZIP Miami Lakes, Fl. 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Ernesto Mendez

MAR 13 1997

Date

Daytime Phone #

CR2E034 (12/95)