

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000004726 (5)

1. Corporation Name

HUNTRAIL WEST DEVELOPMENT CORPORATION



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, SUITE 1475  
COCONUT GROVE FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE, SUITE 1475  
COCONUT GROVE FL 33133

2. Principal Place of Business

2a. Mailing Address

21 2600 DOUGLAS RD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 510

27

City & State

City & State

23 MIAMI, FL.

28

Zip

Zip

Country

Country

24 33134

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

07/21/1995

4. FEI Number

65-0446313

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

10. Name and Address of New Registered Agent

ROBBINS, CHARLES D  
C/O BLACKWELL & WALKER, P.A.  
ONE SE 3RD AVENUE, 24TH FLOOR  
MIAMI FL 33131

81 Name

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

777 BRICKELL AVE

83

Suite 900

84

MIAMI

FL

85 Zip Code

33131

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	PD	<input type="checkbox"/> DELETE
NAME	ADLER, DAVID C	
STREET ADDRESS	2601 S BAYSHORE DRIVE, SUITE 1475	
CITY - ST - ZIP	COCONUT GROVE FL 33133	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	RABELL, LUIS	
STREET ADDRESS	2601 S BAYSHORE DRIVE, SUITE 1475	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ADLER, IRWIN M.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1475	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLEMAN, JACQUELINE	
STREET ADDRESS	1601 S. BAYSHORE DRIVE, SUITE 1475	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROBBINS, CHARLES D.	
STREET ADDRESS	ONE S.E. 3RD AVENUE, 25TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2600 DOUGLAS RD Suite 510
1.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	777 BRICKELL AVE Suite 900
5.4 CITY - ST - ZIP	MIAMI FL. 33131
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Robell 4/24/96 305-443-7001

Date

Daytime Phone

CR2E034 (12/95)