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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000007123 (2)

CRITERION ESTATES, INC.

FILED Mar 21 1997 8:00am Secretary of State



Principal Place of Business 216 CATALONIA AVENUE SUITE B CORAL GABLES FL 33134 2. Principal Place of Business 21		SUITE 8 CORAL GABLES FL 33 2a. Mailing Address 26	216 CATALONIA AVENUE SUITE 6 CORAL GABLES FL 33134-6737 2a. Mailing Address 26		3. Date Incorporated or Qualified 11/23/1992				
Suite, Apt	#, etc	Suite, Apt. #, etc.				5, Certificate of Status Desired			Required
City & Stat	te:	City & State		•		6. Election Campaign Financing			O May Be
23	in a contra province of the contraction	28				Trust Fund Contribution			ed to Fees
Ζιρ 24	Zip Country Zip 25 29		Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes			er s. 199.032,
<u></u>	g. Name and Address of Curr					10. Name and Address of New Re	gistered #	gent	
	Z, MIGUEL A		8	11	Name				
216 CATALONIA AVENUE SUITE B					Street Add	fress (P.O. Box Number is Not Acceptab	ie)		
	RAL GABLES FL 33134		8	13					
			1	34	Спу		FL	85 2	ip Code
L <u>.</u>		1007 4500 5		\perp		poration submits this statement for the p		obangir	a ite regietared
SIGNATURE	Title of military of or perfect a name of regentered OF HICE RIS A	aged and the Capperable AND DIRECTORS DELETE	13.		nt signature requ	uired when (eirstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECT	
NAME	RUIZ, MIGUEL A	L'1 DETETE	1.1 III.		İ				go E House
STREET ADDRESS	216 CATALONIA AVENUE S	uite B	- '		ADDRESS				
CHY Si-Ze	CORAL GABLES FL 33134		1.4 CITY	/- ST	r- 21P				
101,6	D	DELFTE	2 1 TITL	E				Chan	ge 🔲 Addition
NAME	ROSSO, JORGE L		2.2 NAN	ME					
STREET ADDRESS	216 CATALONIA AVENUE S	UITE B			ADDRESS				
Cliv - 51 - Zim	CORAL GABLES FL 33134	DELETE	2. 4 CiT 3.1 1/TL		T-ZIP			Char	oe Addition
TITLE	SD ROSSO, MARIA T.	ביין אבננונ	3.1 IIIL						& CT Manney
NAM: STREET ADDRESS	ALA GATALONIA ALENELLA	B			ADDRESS				
CIY S1-24	CORAL GABLES FL	_	3.4. CIT						
THE		☐ DELETE						Char	ge Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EE1.	ADDRESS				
Cilr - ST 7IP			4.4 CIT		T - ZIP			-	THE NAME OF
TITEF		L DELETE						☐ Char	ge L Addition
NAME			5.2 NAM						
STREET ADORESS					ADDRESS				
COTY - ST. ZIF		Dritte	5.4 CHT		T-ZIP			Char	ge 🔲 Addilion
HILE		☐ DELETE			[LJ CHAI	igo 🔲 kooillosi
NAME			62 NAM		*DODECC				
STREET ACTORESS					ADDRESS				
City St 7P			64 CIT			ert in Section 119.07(3)(i). Florida Statute			

reconcretoy centry that the information supplies with this filling 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 or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation of the receiver or flustee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR