

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000002702 (7)**

1. Corporation Name

**MICHELE DEVELOPMENT, INC.**



2. Principal Place of Business

**81 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

2a. Mailing Address

**81 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

21. Mailing Address

26. Mailing Address

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**HERZFELD & RUBIN  
801 BRICKELL AVENUE SUITE 1501  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**01/13/1993**

3a. Date of Last Report

**02/07/1995**

4. FEI Number

**65-0384534**

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

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3) 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent

Signature of the New Registered Agent

Date

12. OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> DELETE
2. NAME	<b>D DIEL, MICHELE P</b>
3. STREET ADDRESS	<b>81 WASHINGTON AVENUE</b>
4. CITY, STATE, ZIP	<b>MIAMI BEACH FL 33139</b>
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	<b>D DIEL, PETER</b>
7. STREET ADDRESS	<b>81 WASHINGTON AVENUE</b>
8. CITY, STATE, ZIP	<b>MIAMI BEACH FL 33139</b>
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> DELETE
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	<input type="checkbox"/> DELETE
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 included 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: *Michele Pommier* MICHELE POMMIER

*2/9/96* 305 674 7200

CR2E034 (12/95)