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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000041878 (8)

OCUMENT # Corporation Name	P9300					Ì					
MENORES PROPERTIES, INC.											
cipal Place of Business		_	Address								
3211 P. DE LEON BLVD.						1					
CHITE #200 SUIL #200			RAL GABLES FL	33134			2 Data Incomprehed	or Qualified	38. Dat	te of Last Rep	ort
COUNT ONDERO LE 40194							3. Date Incorporated 06/07/1993). Quamou		08/18/19	95
Principal Place of Business		2a. Ma	ailing Address				4. FEI Number 65-04305			L	pplied For
Principal Place of Business Suite, Apt. #, etc.		26	-								Additional
		Su	Suite, Apt. #, etc.								Required
		27	V & State				6. Election Campaign	Financing		\$5.00	May Be
City & State		28 Cit	ty & State			_	Trust Fund Contrib	oution		Added	to Fees
7(n	Country	28 Zip)	Col	untry		8. This corporation h	as liability for	intangible No	tax under s	199.032,
Zıp 25	•	29		30			Florida Statutes 10. Name and Addres	Yes	lu ivo	d Agent	
9. Name an	d Address of Curre	ent Register	ed Agent		81 1	Name	IV. Name and Addit		9.3.0.0		
<u></u>						ess (P.O. Box Number is	Not Accental	ole)			
BORR, RAY 3211 P. DE LEON BLVD. SUITE #208 CORAL GABLES FL 33134						street Addre	ess (m.O. BOX Number is	roodpial			
						<u></u>					
						City				85 Ziç	p Code
OUNAL GABLES FL	. 40101								<u> </u>		egistered office
								7.45	Men en en	THE PROPERTY OF THE PROPERTY O	. Jerosonou Unit
Pursuant to the provisions	of Sections 607.05	02 and 607.1	508, Florida Stat	ites, the ab	Dove nar	med corpori	ration submits this statem rd of directors. I hereby a	ent for the pu	urpose of o pointment	as registered	agent. I am
Pursuant to the provisions or registered agent, or bo familiar with, and accept to the provisions.	s of Sections 607.05 th, in the State of Flo the obligations of, Se	i02 and 607.1 orida. Such cl ection 607.05	508, Florida Stati hange was author 05, Florida Statut	ites, the ab ized by the es.	pove-nar corpora	med corpora ation's boar	ration submits this statem rd of directors. I hereby a	ent for the pu accept the app	irpose of c pointment	as registered	agent. I am
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GNATURE Signature typed or p	nnted name of registered ag		licable. (NOTE Register	red Agent s		of when reinstaling)		DATE		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR