

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000042721 (9)**
1. Corporation Name
C AND S TAX CERTIFICATE ACQUISITION CORPORATION



Principal Place of Business
**1221 BRICKELL AVE
SUITE 800
MIAMI FL 33134**

Mailing Address
**1221 BRICKELL AVE
SUITE 800
MIAMI FL 33134**

2. Principal Place of Business
21 **550 Biltmore Way**
Suite, Apt. #, etc.
22 **Suite 700**
City & State
23 **Coral Gables, FL**
Zip Country
24 **33134** 25 **Dade**

2a. Mailing Address
26 **550 Biltmore Way**
Suite, Apt. #, etc.
27 **Suite**
City & State
28 **Coral Gables, FL**
Zip Country
29 **33134** 30 **Dade**

3. Date Incorporated or Qualified
06/11/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0415239

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

9. Name and Address of Current Registered Agent
**POLLER, NEALE
1221 BRICKELL AVE
SUITE 800
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way
83 **Suite 700**
84 City
Coral Gables FL 85 Zip Code
33134

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CAMNER, ALFRED R	1221 BRICKELL AVE SUITE 800	MIAMI FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
D, P		550 Biltmore Way, Suite 700	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, C	Stuzin, Charles B.	550 Biltmore Way, #700	Coral Gables, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, T	Ford, Earline G.	550 Biltmore Way, #700	Coral Gables FL 33134	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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:

(305) 442-4004

CR2E034 (9/96)