

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:37

DOCUMENT # P93000043528 (7)

1. Corporation Name

SFA VILLAGE PARK, INC.

Principal Place of Business

**9200 S. DADELAND BLVD.
SUITE 609
MIAMI FL 33156**

Mailing Address

**9200 S. DADELAND BLVD.
SUITE 609
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

APPLIED FOR 65-050324

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**

7. This corporation has liability for intangible tax under C. 199.005,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIELMAN, ROBERT E
9200 S DADELAND BLVD, #609
MIAMI FL 33156**

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 607.0502 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 of the person named as registered agent and the fee applicable

(801) Registered Agent signature required after removing

(41)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
SPIELMAN, ROBERT E
9200 S DADELAND BLVD, #609
MIAMI FL 33156**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VSD
MITCHELL, JAMES R
9065 SW 87 AVE
MIAMI FL 33176**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY, ST, ZIP

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21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

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49 CITY, ST, ZIP

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☐ Change ☐ Addition

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REMITTED BY MAY 1

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 submitted 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 circulate 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:

James R. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

VICE

JAMES R MITCHELL/PRESIDENT 1/26/95 305-271-5051

(Date)

(Signature Printed)