

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P93000045815 (6)**

1. Corporation Name  
**DAVID'S APARTMENTS, INC.**



Principal Place of Business: **8271 NW 167TH TER MIAMI FL 33016**  
Mailing Address: **8271 NW 167TH TER MIAMI FL 33016**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/29/1993		06/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0435196		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		Additional Fee Required	
23		28		<input type="checkbox"/>		\$8.75	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		Added to Fees	
24		29		<input type="checkbox"/>		\$5.00	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		May Be	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REYES, ERENIO</b> <b>8271 NW 167TH TER</b> <b>MIAMI FL 33016</b>				81 Name <b>LOUISA M. REYES</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>8271 NW 167 TER.</b>			
				83			
				84 City <b>MIAMI</b> FL 85 Zip Code <b>33016</b>			

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 *Louisa M. Reyes*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYES, ERENIO</b>	1.2 NAME	<b>D. LOUISA M. REYES</b>
STREET ADDRESS	<b>8271 NW 167TH TER</b>	1.3 STREET ADDRESS	<b>8271 NW 167 TER.</b>
CITY-ST-ZIP	<b>MIAMI FL 33016</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: *Louisa M. Reyes - Louisa M. Reyes* Date: **4/30/96** 205-362-1184  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)