

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

DOCUMENT # P93000058166 (8)

1. Corporation Name

LEGACY DEVELOPMENT DADE DIVISION, INC.



Principal Place of Business

**15330 SW 55TH TERR.
MIAMI FL 33185**

Mailing Address

**15330 SW 55TH TERR.
MIAMI FL 33185**

3. Date Incorporated or Qualified
08/16/1993

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

21 **9657 SW 124 ST**

Suite, Apt. #, etc.

22 City & State

23 **Miami - FL**

24 Zip **33176**

Country

25 **USA**

2a. Mailing Address

26 **9657 SW 124 ST**

Suite, Apt. #, etc.

27 City & State

28 **Miami - FL**

29 Zip **33176**

Country

30 **USA**

4. FEI Number
65-0436706

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

9. Name and Address of Current Registered Agent

**JOSE A. BOLANOS, P.A.
2121 PONCE DE LEON BLVD.
SUITE 1035
CORAL GABLES FL 33134**

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 607.0502 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 State of residence

(NOTE: Registered Agent Signature is required when fees are due)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SOTOLONGO ARMANDO**
STREET ADDRESS **15530 SW 55 TERR.**
CITY-STATE-ZIP **MIAMI FL 33185**

TITLE **SD** ☐ DELETE
NAME **IBRAHIM GONZALEZ**
STREET ADDRESS **4531 SW 149 CT.**
CITY-STATE-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **HORIGIAN JOSE**
STREET ADDRESS **4531 SW 149 CT.**
CITY-STATE-ZIP **MIAMI FL 33185**

TITLE **TD** ☐ DELETE
NAME **RODRIGUEZ JUAN**
STREET ADDRESS **4531 SW 149 CT.**
CITY-STATE-ZIP **MIAMI FL 33185**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CP2E034 (12/95)