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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076984 (2)

1. Corporation Name

ADG DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.
SUITE 1475
COCONUT GROVE FL 33133

2601 S. BAYSHORE DR.
SUITE 1475
COCONUT GROVE FL 33133

2. Principal Place of Business

2b. Mailing Address

21 2600 DOUGLAS RD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 510

27

City & State

City & State

23 CORAL GABLES FL

28

24 33134

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, CHARLES D ESO
ONE SE 3RD AVE.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

777 BRICKELL AVE

83

SUITE 900

84

MIAMI

FL

85 Zip Code
33131

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ADLER, DAVID C
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 1475
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2600 DOUGLAS RD. SUITE 510
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE DVPT
NAME RABELL, LUIS
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-ST-ZIP COCONUT GROVE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME ADLER, IRWIN M.
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME COLEMAN, JACQUELINE
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1475
CITY-ST-ZIP COCONUT GROVE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME ROBBINS, CHARLES D. ESO
STREET ADDRESS ONE S.E. 3 AVENUE, SUITE 25
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 777 BRICKELL AVE. SUITE 900
5.4 CITY-ST-ZIP MIAMI FL. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis Rabello

4/24/96

305.443-7001

CR2E034 (12/95)