FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000082279 (9)**

1. Corporation Name

POINCIANA ESTATES, INC.

Principal Place of Business	Mailing Address
3971 S.W. 8TH ST. SUITE 205 MIAMI FL 33134	3971 S.W. 8TH ST. SUITE 205 MIAMI FL 33134

3. Date Incorporated or Qualified: **11/22/1993**	3a. Date of Last Report: **04/27/1995**
4. FEI Number: **APPLIED FOR 65-0471012**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LARRIEU, MANUEL A
3971 S.W. 8TH ST.
SUITE 205
MIAMI 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of a new registered agent is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	XX ☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LARRIEU, RENE F		12 NAME		
STREET ADDRESS	3971 S.W. 8TH ST. #205		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	21 TITLE	PTD	XX ☐ Change ☐ Addition
NAME	LARRIEU, MANUEL A		22 NAME		
STREET ADDRESS	3971 S.W. 8TH ST. #205		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		24 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	31 TITLE	VSD	XX ☐ Change ☐ Addition
NAME	LARRIEU, JORGE A		32 NAME		
STREET ADDRESS	3971 S.W. 8TH ST. #205		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		34 CITY-ST-ZIP		
TITLE	D	XX ☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LARRIEU, RENE P		42 NAME		
STREET ADDRESS	3971 S.W. 8TH ST. #205		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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 added above or on an attachment with an address.

SIGNATURE: Manuel A Larrieu 2/12/96 (305) 444-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #