

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000031610 (6)**

1. Corporation Name

**PARCEL "H" OF GREENVIEW SHORES NO. 2 OF WELLINGT
ON, INC.**

Principal Place of Business

153 SEVILLA AVE
CORAL GABLES FL 33134

Mailing Address

153 SEVILLA AVE
CORAL GABLES FL 33134

1995 MAY 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1994** 3a. Date of Last Report

4. FEI Number **65-0495416** 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**

9. This corporation has liability for intangible tax under s. 199.036,
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**MIF REGISTERED AGENT CORP.
153 SEVILLA AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLER, IAN M**
STREET ADDRESS **P.O. BOX 260 N/A**
CITY - ST - ZIP **TURKS & CAICOS ISLANDS, BWI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
1.2 NAME **I.M.M. MANAGEMENT LTD**
1.3 STREET ADDRESS **P.O. BOX 260 N/A**
1.4 CITY - ST - ZIP **TURKS & CAICOS ISLANDS, BWI**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **Butterfield Square, Providenciales,**
2.4 CITY - ST - ZIP **Turks & Caicos Islands, BWI**

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **100001400001**
-05/24/95 -01040 -025
******400.00 ****200.00**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
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 true and correct and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 a trustee 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 both in attaching with an address.

SIGNATURE:

For and on behalf of **I.M.M. MANAGEMENT LTD - DIRECTOR**

3/13/95

SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

(Original Filed)