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 # **P94000037576 (3)**

1. Corporation Name

POLERA BUILDING CORPORATION

Principal Place of Business	Mailing Address
401 W. LINTON BLVD. #301 DELRAY BEACH FL 33444 US	401 W. LINTON BLVD. #301 DELRAY BEACH FL 33444 US

2. Principal Place of Business	2a. Mailing Address
21 660 West Linton Blvd.	26 660 West Linton Blvd.
22 Suite, Apt. #, etc. 200C	27 Suite, Apt. #, etc. 200C
23 City & State Delray Beach, FL	28 City & State Delray Beach, FL
24 Zip 33444 25 County Palm Beach	29 Zip 33444 30 County Palm Beach

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0490650 ☐ 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

MANN, ANDREW L
10001 W OAKLAND PARK BLVD
SUITE 200
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: Kathleen E. Bente
82 Street Address (P.O. Box Number is Not Acceptable): Smoler, Lerman, Bente & Whitebook, P.A.
83 Ste. 3940 Nationsbank Tower
100 SE 2nd St.
84 City: Miami, FL **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1635, 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: Andrew E. Mann 3/13/96
Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CATHERINE POLERA		12 NAME	
STREET ADDRESS	6207 NW 23RD TERRACE.		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ANTHONY POLERA		22 NAME	
STREET ADDRESS	2672 NW 28TH TERRACE		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SALATORE POLERA		32 NAME	
STREET ADDRESS	3279 CLINTMORE RD.		33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CATHERINE POLERA		42 NAME	
STREET ADDRESS	6207 NW 23RD TERRACE		43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		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	

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 or deleted.

SIGNATURE: Salvatore J. Polera Salvatore J. Polera, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96
Date

407-274-9932
Daytime Phone #

CR2E034 (12/95)