

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000043249 (9)

1. Corporation Name

SILVER BLUFF DEVELOPMENT CORPORATION

Principal Place of Business

560 NW 165TH STREET ROAD
MIAMI FL 33169

Mailing Address

560 NW 165TH STREET ROAD
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 8067 SW 73 AVE

2a. Mailing Address

26 8067 SW 73 AVE

4. FEI Number

05-0520094

Applied For
Not Applicable

22 Suite, Apt. #, etc

Suite #16

27 Suite, Apt. #, etc

Suite #16

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Miami FL

28 City & State

Miami FL

6. Election Certificate Insurance

\$5.00 May Be Added to Fees

24 Zip

33143

25 Country

USA

29 Zip

33143

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LUBITZ, ALAN H ESQ.
1500 SAN REMO AVENUE
STE. 220
CORAL GABLES FL 33146

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

(Applicant, Agent or Current Registered Agent and the Applicant)

(New Registered Agent (signature required unless authorized))

12. OFFICERS AND DIRECTORS

11 TITLE D
12 NAME LESTER, ALAN S
13 STREET ADDRESS 8067 SOUTHWEST 73RD AVENUE STE. 16
14 CITY ST ZIP MIAMI FL 33143

11 TITLE D
12 NAME FRAYND, PAUL
13 STREET ADDRESS 560 NW 165TH STREET RD.
14 CITY ST ZIP MIAMI FL 33169

11 TITLE D
12 NAME KUTTEROFF, JAMES E
13 STREET ADDRESS 8067 SW 73RD AVENUE STE. 3
14 CITY ST ZIP MIAMI FL 33143

11 TITLE
12 NAME Paul Fraynd
13 STREET ADDRESS 560 NW 165th St. Rd.
14 CITY ST ZIP Miami FL 33169

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE
12 NAME
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 checked, or in an attachment with my address.

SIGNATURE:

ALAN S. LESTER

7/18/95 305 587995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)