

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000043899 (1)**

1. Corporation Name

THE FAIR OF SEVILLE IN MIAMI, INC.



Principal Place of Business

Mailing Address

999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES FL 33134

999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 State Acct. #

26 State Acct. #

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CASTILLO, ANGEL JR.
999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0497101

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Can-paign 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

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 607.0402 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0404, Florida Statutes.

SIGNATURE

Name and Title of Signer (Print Name and Title of Officer or Director)

Date of Signature (Date of Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

DELETE
D
LEVITAN, AIDA
3191 CORAL WAY, SUITE 510
MIAMI FL 33145
 DELETE
D
SANCHEZ, FAUSTO
3191 CORAL WAY, SUITE 510
MIAMI FL 33145
 DELETE
 DELETE
 DELETE
 DELETE
 DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

Change Addition
PTD
 Change Addition
VSD
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I do hereby certify that the information supplied with this form 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 registered 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 of this report, or on a separate attachment with an address.

SIGNATURE:

Aida Levitan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

(305) 442-1586
DATE OF FILING

CR2E034 (12/95)