

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 # **P94000045508 (6)**

1. Corporation Name

SFA JADE GARDENS, INC.



Principal Place of Business: **9200 SOUTH DADELAND BLVD. SUITE 609 MIAMI FL 33156**
Mailing Address: **9200 SOUTH DADELAND BLVD. SUITE 609 MIAMI FL 33156**

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/15/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0500722**
Applied For: **APPLIED FOR-**
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
**KEY CORPORATE SERVICES INC.
200 SOUTH DISCAYNE BLVD.
FIRST UNION FINANCIAL CTR., 20TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Suzie Ortiz**
82 Street Address (P.O. Box Number is Not Acceptable): **9095 SW 87 Ave St. 777**
83
84 City: **Miami** FL 85 Zip Code: **33176**

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPIELMAN, ROBERT E	
STREET ADDRESS	9200 DADELAND BLVD 609	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES R	
STREET ADDRESS	9095 SW 87TH AVE 777	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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)(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 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 on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/9/96** Daytime Phone #: **305-271-5051**

CR2E034 (12/95)