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**Mar 26 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
**9200 SOUTH DADELAND BLVD.
SUITE 609
MIAMI FL 33156**

3. Date Incorporated or Qualified **06/15/1994** 3a. Date of Last Report **05/01/1996**
4. FEI Number **65-0500722** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. **9095 SW 87 ave**
22. **500** 27. **Suite 777**
City & State City & State
23. **Miami FL**
Zip Country
24. **33196** 30. Country

9. Name and Address of Current Registered Agent **7**

10. Name and Address of New Registered Agent

**ORTIZ, SYRIE
9095 SW 87 AVE., STE. 777
MIAMI FL 33176**

81 Name **MITCHELL, JAMES R**
82 Street Address (P.O. Box Number is Not Acceptable) **9095 SW 87TH AVE, #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, and I agree with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/17/97**

12. OFFICERS AND DIRECTORS

1.1 TITLE	PD	<input type="checkbox"/> DELETE
1.2 NAME	SPIELMAN, ROBERT E	
1.3 STREET ADDRESS	9200 DADELAND BLVD 809	
1.4 CITY - ST - ZIP	MIAMI FL	
2.1 TITLE	VSD	<input type="checkbox"/> DELETE
2.2 NAME	MITCHELL, JAMES R	
2.3 STREET ADDRESS	9095 SW 87TH AVE 777	
2.4 CITY - ST - ZIP	MIAMI FL	
3.1 TITLE		<input type="checkbox"/> DELETE
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *[Signature]* **Robert E. Spielman** Date **1/7/97 (305) 670-9700**

CR2E034 (9/96)