

**FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00**

**APPROVED AND FILED**

95 MAY -1 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001489301  
-05/17/95--01017--005  
\*\*\*\*208.75 \*\*\*\*208.75

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P94000052591 (2)**

1. Corporation Name  
**PARK PLACE RENTAL APARTMENTS CORP.**

Principal Place of Business      Mailing Address

**240 E. 1ST AVE.  
SUITE 122  
HALEAH FL 33010**

**240 E. 1ST AVE.  
SUITE 122  
HALEAH FL 33010**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**07/15/1994**

4. FEI Number      Applied For

**65-0575317**      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 5, 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
**Pedro F. Rodriguez**

82 Street Address (P.O. Box Number is Not Acceptable)  
**240 East First Avenue - Suite 122**

83

84 City      85 Zip Code

**Hialeah, Florida      FL      33010**

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: *Pedro F. Rodriguez*      **Pedro F. Rodriguez**      **April 21, 1995**

Signature typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when re-appointing)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D/President</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, PEDRO F</b>	1.2 NAME	
STREET ADDRESS	<b>010 240 E 1ST AVE, SUITE 122</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALEAH FL 33010</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUSTIN DOMINGUEZ</b>	2.2 NAME	
STREET ADDRESS	<b>9295 S.W. 114 Street</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33176</b>	2.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELINA P. RODRIGUEZ</b>	3.2 NAME	
STREET ADDRESS	<b>2 Circle Drive</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Hialeah, FL 33010</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(9)(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 of this report as an officer or an agent with an address.

SIGNATURE: *Pedro F. Rodriguez*      **Pedro F. Rodriguez, President**      **April 21, 1995**      **305-887-8838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Telephone No.