

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)

APPROVED
AND
FILED

95 JUL 24 AM 10:27

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murphree
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P94000067197 (1)

1. Corporate Name

CROQUER REAL ESTATE HOLDING CORPORATION

300001545803
-07/25/95--01102--010
****233.75 ****233.75

Principal Place of Business

Mailing Address

2810 PONCE DE LEON BLVD. STE. 220
CORAL GABLES FL 33134

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CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/13/1994

4. FEI Number

65-0526848

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. This corporation has liability for intangible tax under s. 109.032, Florida Statutes

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GONZALEZ, JORGE I
2801 PONCE DE LEON BLVD. STE. 220
CORAL GABLES FL 33134

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:

Signature of Registered Agent (Required if agent is not the corporation)

Signature of Registered Agent (Required if agent is not the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	NUNEZ, ALEXANDER
3. STREET ADDRESS	15217-F SW 46TH LANE
4. CITY, ST, ZIP	MIAMI FL 33185
5. TITLE	D
6. NAME	NUNEZ, MARYSOL
7. STREET ADDRESS	15217-F SW 46TH LANE
8. CITY, ST, ZIP	MIAMI FL 33185
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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 individual or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or on an attachment with an address.

SIGNATURE: *Marysol Nunez* MARYSOL NUNEZ 6/26/95-1385-596-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)