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 # **P94000073299 (7)**

1. Corporation Name

FAIRVIEW PROPERTIES, INC.

Principal Place of Business	Mailing Address
1920 E. HALLANDALE BEACH BLVD. SUITE 612 HALLANDALE FL 33009	1920 E. HALLANDALE BEACH BLVD. SUITE 612 HALLANDALE FL 33009

3. Date Incorporated or Qualified: **10/03/1994**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **65-0525863** ☐ 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

9. Name and Address of Current Registered Agent

DOMINGUEZ, LUIS
~~14615 SW 64TH AVENUE~~
~~MIAMI FL 33158~~
1920 E Hallandale Beach Blvd Suite 612 Hallandale FL 33009

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 607.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	DOMINGUEZ, LUIS	12 NAME
STREET ADDRESS	~~14615 SW 64TH AVENUE~~ 1920 E Hallandale Beach Blvd Suite 612	13 STREET ADDRESS
CITY-ST-ZIP	~~MIAMI FL 33158~~	14 CITY-ST-ZIP
TITLE	V ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	RAMPONE, KENNETH	22 NAME
STREET ADDRESS	210 EDGEWATER	23 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33158	24 CITY-ST-ZIP
TITLE	ST ☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	DOMINGUEZ, VIRGINIA	32 NAME
STREET ADDRESS	~~14615 SW 64TH AVENUE~~ 1920 E Hallandale Beach Blvd Suite 612 Hallandale FL 33009	33 STREET ADDRESS
CITY-ST-ZIP	~~MIAMI FL 33158~~	34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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 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: Virginia Dominguez S.T. March 01/96 (305)454-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)