FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P94000076891 (8	DOCUMENT # 1. Corporation Name	P94000076891	(8)
----------------------------	-----------------------------------	--------------	-----

STERLING LAKES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address	
1655 W 39TH PL HIALEAH FL 33012	1655 W 39TH PL HIALEAH FL 33012	



HIALEAH FL 33012		HALEAH FL 33012				
					Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 04/04/1995
2. Principal Pla	ace of Business	2a. Mailing Address	··		4. FEI Number	Applied For
	West 39th Place	26] 1657 West	39th	Place	65-0536643	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
<u>Zip</u> Zip	ah, Florida	28 Hialeah, 1			Trust Fund Contribution	Added to Fees
24 33012		7φ 29 33012-7014	Count	γ S A	This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent		-	10. Name and Address of New R	egistered Agent
			8	1 Name		
	BIRNBAUM, P.A.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	o\
	BISCAYNE BLVD					e/
SUITE	***		8	3		
MIAMI	FL 33180		8	4 City		
44 0			"	1 *,		FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of Sectio	and 607.1508, Florida Statutes, L Such change was authorized n 607.0505, Florida Statutes	the above by the cor	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office intrnent as registered agent. I am
SIGNATURE	Signature, typed or printed harrie of registered agent ar			ort signature require		
12.	OFFICERS AND		13.	or charge along requires		DATE CONTRACTOR OF THE CONTRAC
TITLE	D	☐ DELETE	1 1 TiTLE	T	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BARTOLONE, ALDO		1.2 NAME			El coange El Applituri
STREET ADDRESS	1655 W 39TH PL		13.51666	LADDRESS		
CITY - S1 - ZIP	HIALEAH FL 33012		14 CITY			
TITLE	D	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	Cabrera, Roger		2.2 NAME			Change C Addition
STREET ADDRESS	1655 W 39TH PL		2.3 STREE	I ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2 4 CITY -			!
TITLE	D	DELETE	3 1 THILE			☐ Change ☐ Addition
NAME	GLUCK, MAURICIO		3 2 NAME			
STREET ADDRESS	1655 W 39TH PL		3.3 STREE	LADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		3.4 CITY -	S1 - 21P		
TITLE		DELETE	4 1 TITLE			Change Addition
NAME			4.2 NAME	ŀ		
STREET ADDRESS			4 3 STREE	T ADDRESS		
TITLE			4 4 CITY - 5	ST-ZIF		
		DELETE:	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE		T reserve	5.4 CHY-5	ST - ZIP		
NAME		☐ DELETE	6 I TITLE			Change Addition
STREET ADDRESS			62 NAME			
ł			63 STREET	į.		J
CHTY - ST - ZIP			64 CITY-S	T-ZIP		Ì

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MOUNICID COLUCK SONTHANS

1/24/96 305 362 45/2