

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000076971 (8)

1. Corporation Name

DADE COUNTY VENTURES, INC.



Principal Place of Business

Mailing Address

ONE WORLD TRADE PLAZA
80 SW EIGHTH ST., SUITE 2400
MIAMI FL 33130
US

ONE WORLD TRADE PLAZA
80 SW EIGHTH STREET, SUITE 2400
MIAMI FL 33130
US

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0533189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D MENTZER, CARL
STREET ADDRESS SUN BANK/777 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME D PARLOMARES, CARLOS
STREET ADDRESS 8750 DORAL BLVD.
CITY-ST-ZIP MIAMI FL 33178

2.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME D HIRSH, RICHARD
STREET ADDRESS 3000 S.E. FINANCIAL CENTER
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME T GLEAN-JONES, CAMELA
STREET ADDRESS 80 SW EIGHTH STREET, SUITE 2400
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

TITLE ☐ DELETE

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 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, changed, or on an attachment with an address.

SIGNATURE:

Camela Glean-Jones

Camela Glean-Jones

4/24/96

(305) 579-1329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)