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FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000083740 (8)

1. Corporation Name

NEXT BOYNTON DEVELOPMENT CORPORATION

Principal Place of Business

801 PONCE DE LEON BLVD.  
SUITE 600  
MIAMI FL 33134

Mailing Address

801 PONCE DE LEON BLVD.  
SUITE 600  
MIAMI FL 33134-3073

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

65-0533891

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

FORMOSO-MURIAS, HECTOR  
1101 BRICKELL AVE.  
PENTHOUSE  
MIAMI FL 33131

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  
officer 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

For officer, agent, or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME: MATO, MANUEL M.  
STREET ADDRESS: 901 PONCE DE LEON BLVD, #600  
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE ☐ DELETE

CEO  
NAME: LOPEZ, E. DANIEL  
STREET ADDRESS: 901 PONCE DE LEON BLVD, #600  
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE ☐ DELETE

VP  
NAME: VERDEJA, MIKE  
STREET ADDRESS: 901 PONCE DE LEON BLVD, #600  
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL M. MATO 3/12/97 (305) 445-6171

Date

Daytime Phone #

0181043

CR2E034 (9/96)