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 # **P94000091401 (7)**

1. Corporation Name

NEXT PINE FOREST DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. **SUITE 600** **MIAMI FL 33134**	**901 PONCE DE LEON BLVD.** **SUITE 600** **MIAMI FL 33134**

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report: **04/07/1995**

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: **65-0539557** ☐ 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 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 (Registered Agent's Signature required for Registered Agent Change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATO, MANUEL M		1.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD., #600		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TYPE	CEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, DANIEL E		2.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD., #600		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TYPE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VERDEJA, MIKE		3.2 NAME	
STREET ADDRESS	901 PONCE DE LEON BLVD., #600		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TYPE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TYPE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TYPE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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CMO 2/23/96

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/23/96 — (305)445-6171 Daytime Phone #

0142976 CP