

FILE NOW: FILING FEE AFTER MAY 1 IS: 50.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024248

1. Corporation Name

FAIR PRICE Properties, Inc

Principal Place of Business <u>7525-7547 W 24 Ave</u> <u>HiALeAh, FL 33016</u>	Mailing Address <u>195 S.W. 166 AVENUE</u> <u>PEMBROKE PINES, FL 33027</u>
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3. Date Incorporated or Qualified <u>4/94</u>	3a. Date of Last Report <u>4/96</u>
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2. Principal Place of Business 21 <u>7525-47 W 24 AVE, HIALeAh, FL</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>195 S.W. 166 AVENUE</u> <u>PEMBROKE PINES, FL 33027</u> Suite, Apt. #, etc.
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4. FEI Number <u>65-0579847</u>	Applied For <input type="checkbox"/> Not Applicable
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22	27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23	28
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24	25	29	30
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name <u>CARLOS MARTINEZ</u>
82	Street Address (P.O. Box Number is Not Acceptable) <u>195 S.W. 166 AVE</u>
83	<u>PEMBROKE PINES</u>
84	City <u>PEMBROKE PINES</u>
85	Zip Code <u>FL 33027</u>

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: CARLOS MARTINEZ - President 4/1/97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <u>PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME <u>CARLOS MARTINEZ</u>	
STREET ADDRESS <u>195 SW 166 AVENUE</u>	
CITY-ST-ZIP <u>PEMBROKE PINES, FL 33027</u>	
TITLE <u>VICE President</u>	<input type="checkbox"/> DELETE
NAME <u>LORRAINE MARTINEZ</u>	
STREET ADDRESS <u>195 SW 166 AVENUE</u>	
CITY-ST-ZIP <u>PEMBROKE PINES, FL 33027</u>	
TITLE <u>SECRETARY</u>	<input type="checkbox"/> DELETE
NAME <u>LORRAINE MARTINEZ</u>	
STREET ADDRESS <u>195 S.W. 166 AVENUE</u>	
CITY-ST-ZIP <u>PEMBROKE PINES, FL 33027</u>	
TITLE <u>Treasurer</u>	<input type="checkbox"/> DELETE
NAME <u>CARLOS MARTINEZ</u>	
STREET ADDRESS <u>195 S.W. 166 AVENUE</u>	
CITY-ST-ZIP <u>PEMBROKE PINES, FL 33027</u>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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: CARLOS MARTINEZ 4/1/97 (954) 450-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)