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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000038484 (8)

1. Corporation Name:

LAS OLAS NO. 1, INC.

Principal Place of Business

200 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33301

Mailing Address

200 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33301-1864



2. Principal Place of Business

21 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.  
22 Suite 1500

City & State  
23 FT. LAUDERDALE FL

Zip  
24 33301

Country  
25 USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.  
27 Suite 1500

City & State  
28 FT. LAUDERDALE FL

Zip  
29 33301

Country  
30 USA

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0596763

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

AMERICAN INFORMATION SERVICES, INC  
ONE SE THIRD AVE  
27TH FLOOR  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
ROCHON, RICHARD C  
STREET ADDRESS  
200 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
BRANDEN, CRIS V  
STREET ADDRESS  
200 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
VPAS  
MUXO, ALEX  
STREET ADDRESS  
200 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
ASVP  
PIERCE, WILLIAM M  
STREET ADDRESS  
200 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33301

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  
450 EAST LAS OLAS BLVD, Suite 1500  
1.4 CITY-ST-ZIP  
FT. LAUDERDALE, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
450 EAST LAS OLAS BLVD, Suite 1500  
2.4 CITY-ST-ZIP  
FT. LAUDERDALE, FL 33301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
450 EAST LAS OLAS BLVD, Suite 1500  
3.4 CITY-ST-ZIP  
FT. LAUDERDALE, FL 33301

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
450 EAST LAS OLAS BLVD, Suite 1500  
4.4 CITY-ST-ZIP  
FT. LAUDERDALE, FL 33301

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

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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, and 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

CRIS V BENDOW

4/24/97

Date

954-627-SOW

Daytime Phone #

0259580

CR2E034 (9/96)