FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 30 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000038492 (1)**

1. Corporation Name
LAS OLAS NO. 2, INC.

Principal Place of Business	Mailing Address
~~200 SOUTH ANDREWS AVENUE~~ ~~FT. LAUDERDALE FL 33301~~	~~200 SOUTH ANDREWS AVENUE~~ ~~FT. LAUDERDALE FL 33301-1864~~

3. Date Incorporated or Qualified: 05/15/1995
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 65-0597169 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROCHON, RICHARD C		1.2 NAME	
STREET ADDRESS	~~200 SOUTH ANDREWS AVENUE~~		1.3 STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	TAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANDEN, CRIS V		2.2 NAME	
STREET ADDRESS	~~200 SOUTH ANDREWS AVENUE~~		2.3 STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPAS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, WILLIAM M		3.2 NAME	
STREET ADDRESS	~~200 SOUTH ANDREWS AVENUE~~		3.3 STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	VPAS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MUXO, ALEX		4.2 NAME	
STREET ADDRESS	~~200 SOUTH ANDREWS AVENUE~~		4.3 STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	800002161078--9
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/01/97--01001--021
TITLE		☐ DELETE	6.1 TITLE	***3300.00 ****165.00 Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	4851-97
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] CRIS V BRANDEN 4/24/97 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0259606