

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 # **P95000040476 (0)**

1. Corporation Name

WATERFORD CENTRE, INC.



Principal Place of Business

**2600 DOUGLAS ROAD INC.
PH-5
CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD INC.
PH-5
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0582694

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

10. Name and Address of New Registered Agent

**SOUTH FLORIDA REGISTERED AGENTS INC.
200 SOUTH BISCAYNE BLVD.
4750 S.E. BANK BLDG.
MIAMI FL 33131**

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, if applicable)

(NOTE: Registered Agent Signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

ROSALES, X E

STREET ADDRESS

2600 DOUGLAS ROAD SUITE PH-5

CITY-ST-ZIP

CORAL GABLES FL 33134

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DP

☒ Change

☐ Addition

VT

☐ Change

☒ Addition

ROSALES, X. FRANCISCO

2600 DOUGLAS ROAD, PH-5

CORAL GABLES, FL 33134

S

☐ Change

☒ Addition

LEVITT, STEVEN T.

2600 DOUGLAS ROAD, PH-5

CORAL GABLES, FL 33134

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X.E. ROSALES, PRESIDENT DIRECTOR

3/1/96

(305) 461-2142

CR2E034 (12/95)