

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33134-6134

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

g. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.
200 SOUTH BISCAYNE BLVD.
4750 S.E. BANK BLDG.
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 DP ☒ DELETE

NAME ROSALES, X E
STREET ADDRESS 2600 DOUGLAS ROAD SUITE PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☐ DELETE

NAME ROSALES, X. FRANCISCO
STREET ADDRESS 2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ DELETE

NAME LEVITT, STEVEN T.
STREET ADDRESS 2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVS
2.3 STREET ADDRESS ROSALES, X. FRANCISCO
2.4 CITY-ST-ZIP 2600 Douglas Road, PH-5
Coral Gables, FL 33134

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME PT
3.3 STREET ADDRESS LEVITT, STEVEN T.
3.4 CITY-ST-ZIP 2600 Douglas Road, PH-5
Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X. FRANCISCO ROSALES, DIR/VICE PRES/SEC.

2/14/97 (305)461-2142

Date Daytime Phone #

CR2E034 (9/96)