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

Mailing Address

2414 S.W. 8TH ST.

MIAMI FL 33135-3004

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2414 S.W. 8TH ST.

MIAMI FL 33135



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046595 (1)

1911 N.W. FLAGLER TERR. CORP.

| | | | | | | | | | 3, Date Incorporated or Qualified 3a, Date of Last Report 02/22/1996 | | |
|--|--|------------------------------|--|------------------------------------|---|---------------------------------------|---|---|--|--------|--|
| 2. | Principal P | incipal Piace of Business | | | 2a. Mailing Address | | | | 4. FEI Number 65-0632954 Applied Fo | vr | |
| 21 | | | | | 26 | | | | APPLIED FOR Not Applie | | |
| | Suite, Apt | ite, Apt #, etc | | | Suite, Apt. #, etc | | | | 5. Certificate of Status Desired S8.75 Additions | al | |
| 22 | | | | 27 | | | | | Fee Required | | |
| City & State | | | | ļ ₁ | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | Zip | n [Familia | | | 28 | | | | Trust Fund Contribution | | |
| 24 | zip | | Country | | Zip | | Country | | 8. This corporation has liability for intangible tax under s. 199.03. | 2, | |
| 24] | | 9 Name | 25 e and Address of C | 29 Current Regist | tered Agent | 30 | | | Florida Statutes X Yes No | | |
| ARAZOZA, COMAS, DE TORRES & FERNANDEZ P.A. | | | | | | | 81 | Name | III, IIIII IIII IIII IIII IIII IIII II | | |
| 101 MADEIRA AVE. | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| CORAL GABLES FL 33134 | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | Ì | 83 | | | | |
| | | | | | | ļ | | | | | |
| | | | | | | | 84 | City | FL 85 Zip Code | | |
| 11 | 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, if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SI | SIGNATURE Signation (specific particular are extragation or specific or specif | | | | | | | | | | |
| 12 | | edia a dia | | RS AND DIREC | | 13, | Agei | ni syrianire rec | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TIT | | P | | | DELETE | 1.1 117 | TLE | | Change Ado | lition | |
| NA! | STREEL ADDRESS GRANDE, CARLOS M 1037 ALFONSO | | | | | 1.2 NA | ME | | • | | |
| STF | | | | | | | REET | ADDRESS | | | |
| CIT | CORAL GABLES FL 33146 | | | | | 1,4 C | | r-21P | | | |
| 7 1 | l f | VP | | | DELETE | 2.1 111 | ILE | | Change Ado | lition | |
| NA | NAME GRANDE, MANUEL 2720 SW 129TH AVE DRIY-ST-ZIP MIAMI FL 33175 | | | | | | ME | | | | |
| STE | | | | | | | REET. | ADDRESS | • | ŀ | |
| | Y · ST · ZIP | | L 331/5 | | The section | 2. 4 CI | | T-ZIP | | | |
| TIII | | S Grande | . ANA I | | L_J OELETE | 3.1 111 | | | Change Add | Sition | |
| NA | | | | | | 3 2 NA | | | | | |
| | REET ADDRESS. 2414 SW 8 ST. MIAMI FL 33135 | | | | | | | ADDRESS | | | |
| FILL | *************************************** | T | L 00100 | | DELETE | 3.4 CI 4.1 TIT | | 1-ZIP | ☐ Change ☐ Ado | lition | |
| NA! | | GRANDE | , FRANK | | <u></u> | 4.2 N | | | Citality L. Aut | nuull | |
| | REFLADORESS | 2414 SW | | | | | | ADDRESS | | | |
| | Y - ST - ZIP | MIAMI F | | | | 4.4 CI | | | | | |
| 1111 | | | | | ☐ DELETE | 5 1 717 | | | Change | lition | |
| NA | ve . | | | | | 5 2 NA | ME | | 100002055081 | | |
| STF | THEET ADDRESS | | | | 5351 | 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP | | -01/23/9701044040 | | | |
| CIT | Y - \$1 - ZIP | | | | | | | 5.4 CI | ***165.00 | | |
| TITL | LF . | | | | DELETE | 6.1 717 | ILE | | ☐ Change ☐ Ado | ition | |
| NAME Street Address | | | | | | | | 1-2 | , | | |
| | | | | | 6 3 ST | REET | ADDRESS | <i>x</i> n | / | | |
| CITY-S1-ZIP | | | | | | 64 CI | | | | , | |
| 14 | Informatio | n indicated Hider or dire | on this annual repo- ctor of the corporat | irt or suppleme ion or the rece | ental annual report is e ver or trustee emno | true and a wered to e | CCU | rate and th | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath eport as required by Chapter 607, Florida Statutes; and that my name | that | |
| | appears i | ri Block 12 d | or Block 13 i ≴c hand | jed, or on an a | ittachment with an ac | ddress. | | | | | |

SIGNATURE:

CALLE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

E 01-03-96 305-642-4624

FILED

Jan 21 1997 8:00am

Secretary of State