

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 29 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055429 (1)

1. Corporation Name

THE FIG TREE ENTERPRISES CORP.

Principal Place of Business

Mailing Address

10314 SOUTHWEST 131 COURT
MIAMI FL 33183

10314 SOUTHWEST 131 COURT
MIAMI FL 33183



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

4. FEI Number

65-0593986

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 ☒

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 of person in position of registered agent and, if applicable,

(If not, Registered Agent Signature required. Take to the state cap.)

(Not)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BOWMAN, ALFREDO D
STREET ADDRESS 10314 SOUTHWEST 131 COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME VD
BOWMAN, ALETHIA J
STREET ADDRESS 10314 SOUTHWEST 131 COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME SD
OTWAY, JACQUELINE
STREET ADDRESS 10314 SOUTHWEST 131 COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME TD
BOWMAN, TOSHALYNN
STREET ADDRESS 10314 SOUTHWEST 131 COURT
CITY-ST-ZIP MIAMI FL 33183

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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

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

800001996-08/30/96-01007-008
****375.00 ****375.00

8/28/29

14. I do hereby certify that the information supplied 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 included 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 617, Florida Statutes, and that my name appears in Block 11 or Block 12, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 252-7800

CR2E034 (3/96)