

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 JUL 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000060953 (3)

1. Corporation Name

U.S. FLORIDA PROPERTIES, INC.

Principal Place of Business

8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33018

Mailing Address

8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33018-5814

2. Principal Place of Business

21 ~~6187 NW 154 STREET~~

Suite, Apt. #, etc.

22

City & State

23 MIAMI LAKES, FL

Zip

24 33018

Country

25 USA

2a. Mailing Address

26 ~~6187 NW 154 STREET~~

Suite, Apt. #, etc.

27

City & State

28 MIAMI LAKES

Zip

29 33018

Country

30 USA

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

03/30/1996

4. FEI Number

65-0599909

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

EDELMAN, KENNETH
8002 MIAMI LAKES DRIVE
MIAMI LAKES FL 33018

10. Name and Address of New Registered Agent

81 Name

ROLANDO LEIVA CPA

82 Street Address (P.O. Box Number is Not Acceptable)

7400 SW 50TH TERRACE

83

SUITE #302

84 City

MIAMI, FL

FL

85 Zip Code

33155

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 607.005, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Rolando E. Leiva, CPA 7/21/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EDELMAN, KENNETH
STREET ADDRESS 8002 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES FL 33018

TITLE ST
NAME EDELMAN, DEBRA
STREET ADDRESS 8002 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES FL 33018

TITLE D
NAME LA ROSA, ANDREW
STREET ADDRESS 8002 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES FL 33018

TITLE V
NAME TORRE, VENANCIO
STREET ADDRESS 8002 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6187 NW 154 STREET
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6187 NW 154 STREET
2.4 CITY-ST-ZIP MIAMI LAKES FL 33014

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 6187 NW 154 STREET
3.4 CITY-ST-ZIP MIAMI LAKES FL 33014

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 6187 NW 154 ST
4.4 CITY-ST-ZIP MIAMI LAKES FL 33014

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Home

4/15/97 (305) 823-3937

CR2E034 (9/96)