FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P95000094803 (0)

Corporation Name		
CONTRICT OF CRIDA	INN/ECTADE	INC

SOUTHEAST FLORIDA INVESTORS, INC. Mailing Address Principal Place of Business 1961 S.W. 139TH COURT 1961 S.W. 139TH COURT MIAMI FL 33175 MIAMI FL 33175 3a. Date of Last Report 3. Date Incorporated or Qualified 12/14/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Throo Country Country Zip 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MARTIN, FELIX 82 4240 S.W. 134 AVENUE В3 **MIAMI FL 33175** 85 7ip Code 84 City 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 heard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. DATE SIGNATURE (NCTE: Bug stelled Agent signature resp. and or residue to Signative, typed or printed name of registers it agent as of the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE 1.2 NAME MARTIN, FELIX NAME 1.3 STREET ADDRESS 4240 S.W. 134 AVENUE STREET ADDRESS 1.4 C(TY - S1 - 7)F MIAMI FL 33175 CITY-ST-ZIP Addit on Change ["] DELFTE 2 1 TITLE TITLE MARRERO, ANTHONY NAME 1961 S.W. 139TH COURT 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - SE-ZiP MIAMI FL 33175 CITY-ST-ZIP Change Addit on DELETE 3.1 THUE TITLE 3.2 NAME NAME. 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - S1 - ZIP CiTY+ST-ZiP Change Addition DELETE 4.1 TiTUE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiT r - \$1 - Zi^C CITY - ST - ZIP ncitibbA [DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TIFEE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY | \$1 - 719 CHIY - ST-ZIP

olied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further a normal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appoint or the reselicer or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or an attachment with an address. 14. I do hereby certify that the certify that the information oath, that I am an officer appears in Block 12 or B

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23 96 (305) 225-6154

CR2E034 (12/95)