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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028685 (1)

814 PROPERTIES, INC.

CITY-ST-ZIP

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Principal Place of Business Mailing Address								
240 CRANDON BLVD SUITE 204 KEY BISCAYNE FL 33149			240 CRANDON BLVD., SUITE 204 KEY BISCAYNE FL 33149-1543					
							3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1996	
2. Principal Place	e of Business	2a	2a. Mailing Address				4. FEI Number Applied For	
21		26					65-067-8244 Not Applicable	
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
City & State		27					Fee Required	
23		201	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country		Zip Country				Trust Fund Contribution LJ Added to Fees	
24			30	1		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curi		tered Agent		1		10, Name and Address of New Registered Agent	
	L MANAGEMENT SERVICE	S, INC.			81	Nam	me	
	randon blvd., suite 204				82	Strer	Street Address (P.O. Box Number is Not Acceptable)	
KEY BI	SCAYNE FL 33149						territorial de la companional dela companional del	
					83			
					84	City	y 85 7 ip Code	
					L	Ĺ. <u>.</u>	FL ',	
office or regis	he provisions of Sections 607.0 stered agent, or both, invine Sta	502 and 6 ≱a of Flori	07.1508, Florida Stat da. Such change wa	lutes, the a s authorize	abovi od bo	a-name ⊭the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent. I am f				Florida Sta	atutes	8.	1 1-	
SIGNATURE	nature, Wood of Philip Charles of registered	WW2 Gagent and title	Specifical for the	mu beasa.			sature required which recistaling) 5/ 23/9 7	
12.	OFFICERS A			13.		i, segma,c	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	— <i>Y</i>		DELETE	1.1 1			P Change Addition	
NAME	Ū			1.21	NAME		FEDERICO TARQUE	
STREET ADDRESS				135	STREET	ADDRESS	FEDERICO JARQUE SI JSLAND BRIVE	
CITY-ST-ZIP				140	OTY-S	T-ZIP	KEYBISCAYNE, FL 33149	
TITLE			☐ DELFTE	217	TITLE		Change Addition	
NAME				2.21	IVVI:		CARLOS J. SANTAMARIA	
STREET ADDRESS				235	STREFT	ADDRESS	SS 199 OCEAU LANG DR., AFT. # 309	
CITY-ST-ZIP						S1 - ZIP	KEY BIS CAYNE, FL 38149	
TITLE			☐ DELETE	3.1 1			Change Addition	
NAME CTREET ADDRESS				3.2 M		*!\!\!\\		
STREET ADDRESS CITY-ST-ZIP						ADDRESS	55	
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	<u>3.4. </u> 4.1 1	CITY-S	31 - 71P	Change Addition	
NAME			hand court it		NAME		Change — Addition	
STREET ADDRESS						ADDRESS	22	
CITY-ST-ZIP					OTY-S			
TITLE			DELLTE	5.1 Y		. 6.1	Change Addition	
NAME				5.2 N				
STREET ADORESS				538	TREET	ADDRESS	SS	
CITY-ST-ZIP			2	5.4 0	(11Y - S	I - 2(P		
TITLE			DELETE	6.11	IILE		Change Addition	
NAME		- /		62 N	IAME			
STREET ADDRESS		' /		620	TOFFT	ABOULDO	ec	

6.4 CITY - \$1 - 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 of 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.