## 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

DOCUMENT # P96000037297 (4)

OLD CUTLER TITLE SERVICES, INC.

Principal Place of Business Mailing Address

7762 SW 184 LANE
MIAMI FL 33157

Miami FL 33157-7465

## FILED May 07 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 3a. D 04/30/1996		Pate of Last Report		
	lace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number	<del> </del>		plied For	
21		26	6							t Applicable	
Suite, Apt	#, etc.	<u>├</u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22		27						······································	<del></del>	equired	
City & State	O.	City & State	<del> </del>				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
23	Country	28 Zin	Zip Country				Trust Fund Contribution				
Ζφ [7]		····		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
		Content negational Agent		81	Name						
Martinez, ernesto jr 7762 SW 184 Lane											
					82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33157					83						
				84	City			FI	<b>85</b> Zip	Code	
44 Diversal	to the provisions of Cartions	607 0602 and 607 1608 Florid	a Stabulac the s	have	hamed	corpor	ration submits this statement for the p	1 34	chanoing i	ts registered	
office or r	registered agent, or both, in t	he State of Florida. Such chang	ge was authorize	d by	the corp	poration	n's board of directors. I hereby accep	ot the app	ointment as	registered	
agent La	im familiar with, and accept the	ne obligations of, Section 607.0	0505, Florida Stai	tutes	3.						
SIGNATURE	***************************************		MAZE 6	5 a.				DATE			
12.	Signatus Typica or perced name of reg	ERS AND DIRECTORS	(NOTE Hegistere	a Age	int a gnature	required	when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
10.f	D	DE		TLE		r	ADDITIONS OF INTEGER TO OFFICE	LI IO MITO	Change	Addition	
NAME	MARTINEZ, ERNESTO	<del></del>	1.2 N								
	THEEL ADDRESS 7762 SW 184 LANE				AUDDEGG						
	A 41 4 5 4 17 A 4 4 4 7 7			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
CITY+S1+7iP TITLE	MINNI FE 33101	DE			1-ZIP			············	Change	Addition	
NAME			22 N								
				23 STREET ADDRESS							
STREET ADDRESS	I			2. 4 CITY-ST-ZIP							
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		L. 50	LETE 31 TI 3.2 N								
NAMI					ADORESS				1	Ì	
STREET ADDRESS											
CHY-S)-ZIP TILLE		□ DE			S1 - ZIP	<del> </del>			Change	Addition	
		L D.C.		IAME	İ						
NAME					Abberer	1				•	
STREET ADDRESS					ADDRESS	1					
CHY-SI-7IF		□ DE			T-ZIP	<del> </del>			Change	Addition	
Tille			5.2 N					^	A /		
NAME:					IBBRECO			-C	Orl	7	
STREET ADDRESS					ADDRESS				~ 5	1	
CHY-S1-ZIP		DE			1 - Z/P			- <del></del>	Change	Addition	
THE		LJ UE					50000217	941		L AGUILOU	
KKM:				AME		1	50000217 -05/15/97010	210	71		
STREET ADDRESS					ADDRESS		***330.00	U			
C-[Y-51-2)P	L	annualized with this diline we			T-ZIP	totod	キネネンション・ロン in Section 119.07(3)(i), Florida Statute	e I furthe	contifu that	the	

If do nereby certify that the information supplied with this litting does not quality for the exemption stated in 1507(3)(), Horida Statutes. I failth the certify into the composition of the composition of the composition of the composition 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** 

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING PREVER OR DIRECTOR

5/29/97 (305)446-9200