

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066332 (3)

1. Corporation Name
LOS RANCHOS OF SOUTH DADE, INC.



Principal Place of Business Mailing Address
C/O PEDRO A. MARTIN, EESQUIRE, GREENBERG C/O PEDRO A. MARTIN, EESQUIRE, GREENBERG
1221 BRICKELL AVENUE 1221 BRICKELL AVENUE
MIAMI FL 33131 MIAMI FL 33131-3224

3. Date Incorporated or Qualified 08/08/1996 3a. Date of Last Report
4. FEI Number 65-0704838 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
MARTIN, PEDRO A ESQ
C/O PEDRO A. MARTIN, EESQUIRE, GREENBERG
1221 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D SALMAN, CARLOS DELETE 1.1 TITLE Change Addition
NAME 1405 S.W. 107TH AVENUE, SUITE 301B 1.2 NAME
STREET ADDRESS MIAMI FL 33174 1.3 STREET ADDRESS
CITY- ST- ZIP 1.4 CITY- ST- ZIP
TITLE D ALTAB, ERICH A DELETE 2.1 TITLE Change Addition
NAME 2800 S.W. 107TH AVENUE, PH-A 2.2 NAME
STREET ADDRESS MIAMI FL 33129 2.3 STREET ADDRESS
CITY- ST- ZIP 2.4 CITY- ST- ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY- ST- ZIP 3.4 CITY- ST- ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY- ST- ZIP 4.4 CITY- ST- ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY- ST- ZIP 5.4 CITY- ST- ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY- ST- ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)