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Apr 09 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 # P96000089036 (3)

1. Corporation Name
INDIAN CREEK RESORTS DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

~~HYMAN & KAPLAN, P.A.~~
~~44 W. FLAGLER STREET, 14TH FLOOR~~
~~MIAMI FL 33130~~

~~HYMAN & KAPLAN, P.A.~~
~~44 W. FLAGLER STREET, 14TH FLOOR~~
~~MIAMI FL 33130~~

3. Date Incorporated or Qualified

10/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 1047 92nd St.

Suite, Apt. #, etc.

22

City & State

23 Bay Harbor Islands, Fl.

Zip

24 33154

Country

25

2a. Mailing Address

26 1047 92nd St.

Suite, Apt. #, etc.

27

City & State

28 Bay Harbor Islands, Fl.

Zip

29 33154

Country

30

4. FEI Number

65-0723209

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

10. Name and Address of New Registered Agent

GANGUZZA, JOSEPH H
HYMAN & KAPLAN, P.A.
44 W. FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

81 Name

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

150 W. Flagler St. 27th Floor

83

84 City Miami

FL

85 Zip Code 33133

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 of registered agent and typed name of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

Carlos A. Leon

1047 92nd St.

Bay Harbor Islands, Fl. 33154

☐ Change ☐ Addition

☐ Change ☒ Addition

SD

FABIAN GARCIA-DIAZ

1047 92nd St.

Bay Harbor Islands, Fl. 33154

☐ Change ☐ Addition

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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 registered 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

305-685-5005

Daytime Phone #

CR2E034 (9/96)