

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

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Apr 11 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 # P96000099192 (2)

1. Corporation Name
D.A.C.R. PROPERTIES, INC.



Principal Place of Business
~~2151 LE JEUNE ROAD, MEZZANINE~~
~~CORAL GABLES FL 33134-4200~~
D.A.C.R. Properties, Inc.
Coutts & Co-Attn. Lina Amador
701 Brickell Avenue-Suite 2300

Mailing Address
~~2151 LE JEUNE ROAD, MEZZANINE~~
~~CORAL GABLES FL 33134-4200~~
D.A.C.R. Properties, Inc.
Coutts & Co-Attn. Lina Amador
701 Brickell Ave. Suite 2300

2. Principal Place of Business
Miami, Florida 33131

2a. Mailing Address
Miami, Florida 33131

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

3. Date Incorporated or Qualified
12/09/1996

3a. Date of Last Report

4. FEI Number
65-0713298

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
~~SUAREZ, GUS~~
~~2151 LE JEUNE ROAD MEZZANINE~~
~~CORAL GABLES FL 33134-4200~~

10. Name and Address of New Registered Agent

81. Name
Coutts & Co - Attn L. Amador

82. Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue - Suite 2300

83. Miami, Florida 33131

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. Lina Amador, Vice President

TITLE ☐ DELETE

NAME
CISNEROS, DIEGO A

STREET ADDRESS
2151 LE JEUNE ROAD MEZZANINE

CITY-ST-ZIP
CORAL GABLES FL 33134-4200

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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]* DIEGO A CISNEROS FEB 12, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0003102

CR2E034 (9/96)