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FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000102330 (3)
1. Corporation Name
BOYNTON ESTATES II DEVELOPMENT CORPORATION



Principal Place of Business
~~901 PONCE DE LEON AVENUE~~
~~SUITE 600~~
~~CORAL GABLES FL 33134~~

Mailing Address
~~901 PONCE DE LEON AVENUE~~
~~SUITE 600~~
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3850 Bird Road
22 2nd Floor
23 Miami, Florida 33146
24 Zip
25 Country

2a. Mailing Address
26 3850 Bird Road
27 2nd Floor
28 Miami, Florida 33146
29 Zip
30 Country

3. Date Incorporated or Qualified
12/18/1996
4. FEI Number
65-0735369
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, E. DANIEL
~~901 PONCE DE LEON AVENUE~~
~~SUITE 600~~
~~CORAL GABLES FL 33134~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 3850 Bird Road
84 2nd Floor
Miami, Florida 33146
85 Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOT
LOPEZ, E. DANIEL
~~901 PONCE DE LEON BLVD~~
~~CORAL GABLES FL~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDS
MAJO, MANUEL M
~~901 PONCE DE LEON BLVD~~
~~CORAL GABLES FL~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
3850 Bird Road
2nd Floor
Miami, Florida 33146
3850 Bird Road
2nd Floor
Miami, Florida 33146

14. I 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

E. DANIEL LOPEZ

6/12/98

305) 445-6171

CR2E034 (10/97)