FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:34

DOCUMENT # S00087 (4)

1. Corporation Name
CUSTOM PROPERTY MANAGEMENT OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
13790 NW 4TH AVE #104 SUNRISE FL 33325	13790 NW 4TH AVE #104 SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1990
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business: X 10061 SUNSET STRIP
Suite, Apt. #, etc. 22:
City & State 23: SUNRISE FL
Zip 24: 33322 Country 25: USA

2a. Mailing Address: X 10061 SUNSET STRIP
Suite, Apt. #, etc. 27:
City & State 28: SUNRISE FL
Zip 29: 33322 Country 30: USA

4. FEI Number: 65-0224048 ☐ 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

HERNANDEZ, GABRIEL
861 GARDEN CT.
PLANTATION FL 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, GABRIEL	1.2 NAME	
STREET ADDRESS	861 GARDEN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	~~D~~ NO LONGER PART OF COMPANY	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BROWN, DAVID~~	2.2 NAME	
STREET ADDRESS	~~9084 WINDING WOODS DR.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE WORTH FL~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gabriel Hernandez PRESIDENT 3/1/95 (305) 746-2070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0234000 CP