

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S14844

1. Corporation Name

EMBASSY SQUARE, INC.

Principal Place of Business

Mailing Address

7990 SW 11th AVE  
Miami, FL 33183

7990 SW 117th AVE  
MIAMI, FL 33183

3. Date Incorporated or Qualified

11/26/1990

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0228175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONIO J CASTRO  
7990 SW 117th AVE  
Miami, Florida 33183

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 of the person who is appointing agent and who is approving

ANTONIO J. CASTRO

(NOTE: Registered Agent's signature required when registering)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P, D  
NAME GROSSMAN, PHYLLIS  
STREET ADDRESS 7990 SW 117th Ave  
CITY-ST-ZIP MIAMI, FL 33183

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D, VP, S  
NAME CASTRO, ANTONIO J.  
STREET ADDRESS 7990 SW 117th Ave.  
CITY-ST-ZIP MIAMI, FL 33183

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP, T  
NAME MIZELS, LORI  
STREET ADDRESS 7990 SW 117th AVE  
CITY-ST-ZIP MIAMI, FL 33183

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME GROSSMAN, WILLIAM  
STREET ADDRESS 7990 SW 117th Ave.  
CITY-ST-ZIP MIAMI, FL 33183

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME GETELMAN, KAREN  
STREET ADDRESS 1238 COMMONWEALTH Ave.  
CITY-ST-ZIP NEWTON, MA 02165

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

800001810168  
-05/07/96--01010--002

\*\*\*208.75

52  
5.1

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO J. CASTRO

4/29/96

DATE

(305) 595-4040

Daytime Phone

CR2E034 (12/95)