

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S59202** (9)

1. Corporation Name
FONTAINEBLEAU EXECUTIVE CENTER, INC.



Principal Place of Business: **275 FONTAINEBLEAU BLVD. MIAMI FL 33172**
Mailing Address: **275 FONTAINEBLEAU BLVD. MIAMI FL 33172**

3. Date Incorporated or Qualified: **06/12/1991**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **65-0274117**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DARRACH, DONALD M.
NONS BLDG. PENTHOUSE 2
9350 SOUTH DIXIE HWY.
MIAMI FL 33156~~

81 Name: **CARLOS G. FERNANDEZ**
82 Street Address (P.O. Box Number is Not Acceptable): **15221 S.W. 144 STREET**
83
84 City: **MIAMI** FL 85 Zip Code: **33186**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0503, Florida Statutes.

SIGNATURE

[Handwritten Signature]

4/29/96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PS	<input type="checkbox"/>
NAME	FERNANDEZ, CARLOS G	
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	CEJAS, PAUL L	
STREET ADDRESS	9350 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1. TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS	15221 S.W. 144 STREET		
4. CITY-ST-ZIP	MIAMI, FL 33186		
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. CITY-ST-ZIP			

700001819247
-05/14/96--01003--003
***200.00

5/1/96 cc

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 attached list with an address.

SIGNATURE: *[Handwritten Signature]* CARLOS G. FERNANDEZ, PRESIDENT 4-29-96 (305) 252-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)