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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

L	1991	M1 122									
1. Gurporat	RULFINGUIG		(5)								
T EITIO	ONE I MES SITISE SOL										
Principal Place of Business Mailing Address											
PENTHOUSE	DOCUMENT # \$62659 1. Corporation Name PEMBROKE PINES OFFICE BUILDING, INC. Principal Place of Business 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134 US 2. Principal Place of Business 1										
*******							3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1991 03/22/1996				
2. Principal	Place of Business	2a, Mailin	2a, Mailing Address			4. FEI Number	Applied For				
!1		26	26				65-0272661		·	ot Applicable	
Suite, Ap	t.#, etc.	<u> </u>	-				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	ate		State				8. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
	k-a-ray *	Zip		Countr	ry	<u> </u>	8. This corporation has liability for i			. 199.032,	
24				30				Yes [
		rrent Hegistered A	Ngeni	В.	aT.	Name	10. Name and Address of New Re-	gistered	Agent		
				10	"	Name					
					2	Street Add	ress (P.O. Box Number is Not Acceptab	le)		·····	
				83	3			···	···		
UU	IMAL GABLES PL 33134			L.	l						
				84	4	City		FI	85 Zip	Code	
11. Pursuar	nt to the provisions of Sections 607.	0502 and 607.1508	8, Florida Statute	s, the above	we.	named corr	poration submits this statement for the p	urpose o	f changing i	ts registered	
office or	r registered agent, or both, in the St	tate of Florida, Suc	h change was at	uthorized b	by i	the corpora	tion's board of directors. I hereby accep	t the app	cointment as	registered	
		ongations of, occine	3/1 001 (0000), 1 101	TOO DIGITAL		•					
SIGNATURE	Styr atms, typod or persted name of registered		ble. (NOTE	Registered A	gen	x signature requi	ired when reinstating)	DATE			
12.		AND DIRECTORS		13,			ADDITIONS/CHANGES TO OFFIC	ERS ANI			
TITLE	=	-		1.1 TITLE					Change	Addition	
				1.2 NAME							
00011 040150 F			1.3 STREET ADDRESS								
			DELETE	1.4 DITY-		- ZIP			Change	Addition	
	\ -		C'' DETELL	2.1 TITLE		1			TT counties		
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH 2				2.3 NAME 2.3 STREET ADDRESS		ADDDCCC					
CITY-ST-ZIP	66541 645156 51			2.3 STREET ADDRESS 2.4 CITY - \$T - ZIP							
TITLE	COINT OURTOIL		DELETE	3.1 TITLE		1-21r		·····-	Change	Addition	
NAME				3.2 NAME		1				* 1924.1.01	
STREET ADDRESS				33 STREE		ADDRESS					
CITY-ST-ZIP	' }			3.4. CITY							
TOLE			DELETE	4.1 TITLE		<u>' </u>			Channe	Addition	

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 remote 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 this corp ration by 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 1 g langed or on an attachment with an address.

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.4 CtTY- ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7/2

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP TITLE

THE

NAM:

NAME

Daytime Prkine ≇

Addition

☐ Addition

Change

Change

FILED

Mar 17 1997 8:00am

Secretary of State