

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S70241**

(2)

1. Corporation Name

AMERIVEST OF SOUTH FLORIDA, INC.



Principal Place of Business

**1666 KENNEDY CSWY
SUITE 703
N BAY VILLAGE FL 33141**

Mailing Address

**7907 NW 53 ST
STE 417
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 **7907 NW 53 ST**

26

State, Apt. #, etc.

State, Apt. #, etc.

22 **Suite 417**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Zip

24 **33166**

Country

Country

25 **USA**

29

30

9. Name and Address of Current Registered Agent

**NORRIS, DAVID A.
1666 KENNEDY CSWY
SUITE 703
N BAY VILLAGE FL 33141**

3. Date Incorporated (or Quoted)

07/29/1991

3a. Date of Last Report

02/24/1995

4. FFI Number

65-0275489

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

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. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida. I am a duly qualified agent of the corporation and I am authorized by the corporation's board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 of this report as an officer or director of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, STATE, ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY, STATE, ZIP
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, STATE, ZIP
12.13 TITLE
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12.100 CITY, STATE, ZIP

**D
PARRA, JORGE EDUARDO
1666 KENNEDY CSWY #703
N BAY VILLAGE FL
D
LITTLE, ROBERT J.
1666 KENNEDY CSWY #703
N BAY VILLAGE FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, STATE, ZIP
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13.99 STREET ADDRESS
13.100 CITY, STATE, ZIP

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14. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct 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. I am an officer or director of the corporation or the registered or qualified incorporator of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 of this report as an officer or director of the corporation.

SIGNATURE: *Jorge Parra* **JORGE PARRA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

DATE

CR2E034 (12/95)