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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77262

(1)

HUNITRAIL DEVELOPMENT CORPORATION

Principal Plac	e of Business	Mailing Address		- 16641941 1004 1404 1414 0414	I DIONI BEBEN BEBUT DIAM DIDEN BICHE FOR
2000 DOUGLA	S RD	2600 DOUGLAS RD			
STE 510	C E1 00104	STE 510 CORAL GABLES FL 33134-6	194		
CORAL GABLE	S FL 33134	COMAL GABLES PL 33134-0	134	3. Date Incorporated or Qualified	3a. Date of Last Report
				08/30/1991	05/01/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 C. day, Ave.	Al	26 State Ant # ata		65-0290462	Not Applicable
Suite, Apt.	w. etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	
24	25		30		Yes No
	g. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	BBINS, CHARLES D.		111111111111111111111111111111111111111		
	BRICKELL AVE		82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)
	: 900 MI FL 33131		83		
MU	MI FL 33131				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607, 1508, Florida Statutes	s, the above-named corr	poration submits this statement for the	purpose of changing its registered
office or i	registered agent, or both, in the Stale o am familiar with, and accept the obligati	Florida, Such change was au	ithorized by the corporal	tion's board of directors. I hereby acce	pt the appointment as registered
-	arti familiar w to, asti accept are obligati	ons or, socilon ooz.coo, raoi	ida Statutes.		
SIGNATURE	Signature typed or proced name of registered agent	and little if applicable (NOTE:	Registered Agent signature requi	rad when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THILE	DPT	☐ DELETE	1.1 TITLE		Change Addition
NAME	ADLER, DAVID C		1.2 NAME		
STREET ADDRESS	2600 DOUGLAS RD STE 510		1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP		
THE	DPT DAVID C	DELETE	2.1 TITLE		Change Addition
NAME	ADLER, DAVID C 2600 DOUGLAS RD STE 510	· mil	: 2.2 NAME		
STREET ADDRESS	CORAL GABLES FL 33434	Dupu care	2.3 STREET ADDRESS		
CITY - ST - ZIP	DPT CONAL CARDLES PL 33434	DAPU CAREY ABORDETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE	ADLER, DAVID	NO OFFICE IE	3.1 TITLE	•	Change Adultion
NAME STREET ADORESS	2600 DOUGLAS RD STE 510		3.2 NAME 3.3 STREET ADDRESS		
	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP		
CiTY - ST - ZIP TITLE	00,72 9,000	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CCTY - \$1 - 7IP			4.4 CITY-ST-ZIP		
TILE		DELETE	5.1 TITLE	* ************************************	☐ Change ☐ Addition
NAME:			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	\		5.4 CITY - ST - ZiP		
TITLE	1. 11.	☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME:	J 11/1 621 ₁	\sim	6.2 NAME		
STREET ADDRESS	INDUS		6.3 STREET ADDRESS		
	· // /		I		

14. Too hereby certify that the information supplied with this filing does not dealify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the 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 corposition 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 adoles.

SIGNATURE:

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(305)43-7001

FILED

Mar 12 1997 8:00am

Secretary of State