

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 # **S77298** (5)

1. Corporation Name

SEGOVIA LAKES INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**395 ALHAMBRA CIRCLE
#200
CORAL GABLES FL 33134**

**395 ALHAMBRA CIRCLE
#200
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1991

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3086575

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

**DE ONA, JORGE V.
395 ALHAMBRA CIR
#200
CORAL GABLES FL 33134**

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 Registered Agent (Type or Print Name of Registered Agent in the Registration)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

**D
DE SAYROLS, MARIA LUISA**

☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

**395 ALHAMBRA CIR
CORAL GABLES FL**

1.4 CITY, ST, ZIP

2.1 TITLE

**D
DE ONA, JORGE A.**

☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

**395 ALHAMBRA CIR
CORAL GABLES FL**

2.4 CITY, ST, ZIP

3.1 TITLE

**D
SAYROLS, LUIS**

☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

**395 ALHAMBRA CIR
CORAL GABLES FL**

3.4 CITY, ST, ZIP

4.1 TITLE

**D
SAYROLS, RAUL L.**

☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

**395 ALHAMBRA CIR
CORAL GABLES FL**

4.4 CITY, ST, ZIP

5.1 TITLE

**D
DE ONA, JORGE V.**

☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

**395 ALHAMBRA CIR
CORAL GABLES FL**

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/96

(305) 442-1256

Date

Daytime Phone #

CR2E034 (12/95)