

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S95934** (3)

1. Corporation Name  
**LILY APARTMENTS, INC.**



Principal Place of Business: **835 COLLINS AVENUE MIAMI BEACH FL 33139 US**  
Mailing Address: **1325 NORTH VENETIA WAY MIAMI BCH FL 33139**

3. Date Incorporated or Qualified: **11/22/1991**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business: **21** Sub: Apt. #, etc.: **26**  
City & State: **22** City & State: **27**  
Zip: **23** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **65-0302333** 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

9. Name and Address of Current Registered Agent  
**GARCIA, JULIA  
1325 N VENETIA WAY  
MIAMI BCH FL 33139**

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. Pursuant to the provisions of Sections 607.0509 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1101 TITLE	<b>P</b>	<input type="checkbox"/> DELETE
1102 NAME	<b>RODRIGUEZ, MIRIAM</b>	
1103 STREET ADDRESS	<b>1325 N VENETIAN WAY</b>	
1104 CITY-STATE-ZIP	<b>MIAMI BEACH FL</b>	
1105 TITLE	<b>V</b>	<input type="checkbox"/> DELETE
1106 NAME	<b>GARCIA, CALIXTO</b>	
1107 STREET ADDRESS	<b>841 W 41 ST</b>	
1108 CITY-STATE-ZIP	<b>HIALEAH FL</b>	
1109 TITLE	<b>S</b>	<input type="checkbox"/> DELETE
1110 NAME	<b>GARCIA, JULIA</b>	
1111 STREET ADDRESS	<b>1325 N VENETIAN WAY</b>	
1112 CITY-STATE-ZIP	<b>MIAMI BCH FL</b>	
1113 TITLE	<b>T</b>	<input type="checkbox"/> DELETE
1114 NAME	<b>GARCIA, JULIA L.</b>	
1115 STREET ADDRESS	<b>841 41 ST</b>	
1116 CITY-STATE-ZIP	<b>HIALEAH FL</b>	
1117 TITLE		<input type="checkbox"/> DELETE
1118 NAME		
1119 STREET ADDRESS		
1120 CITY-STATE-ZIP		
1121 TITLE		<input type="checkbox"/> DELETE
1122 NAME		
1123 STREET ADDRESS		
1124 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202 NAME	
1203 STREET ADDRESS	
1204 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1205 TITLE	
1206 NAME	
1207 STREET ADDRESS	
1208 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1209 TITLE	
1210 NAME	
1211 STREET ADDRESS	
1212 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1213 TITLE	
1214 NAME	
1215 STREET ADDRESS	
1216 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1217 TITLE	
1218 NAME	
1219 STREET ADDRESS	
1220 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 attachment with an address.

SIGNATURE: *Julia Garcia* **JULIA GARCIA** 1/18/96 (305) 535 9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)