

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V10749**

(2)

95 MAY -1 AM 11:27

BAER LAND DEVELOPMENT, INC.

Principal Office: 8420 S.W. 146 STREET MIAMI FL 33158
Mailing Address: 8420 S.W. 146 STREET MIAMI FL 33158

DATE FILED IN THE MORNING

2. Filing Office (Required)	20. Mailing Address	3. Date of Incorporation (Required)	3b. Date of Last Report
21. State of Incorporation	21. State of Mailing Address	01/31/1992	01/24/1994
22. Filing Office	27. State of Filing Office	4. FLE Number	Applied For
23. Filing Office	28. City & State	65-0312749	Not Applicable
24. Filing Office	29. City & State	5. Certificate of Status Entered	\$8.75 Additional Fee Required
25. Filing Office	30. County	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.04, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARLADE, ALBERTO J. 3850 S.W. 87TH AVE. SUITE 207 MIAMI FL 33165		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. The agent has resigned or has been removed under sections 190.01 and 190.02, Florida Statute. The above-named corporation submits the 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 aware of the consequences of this act under sections 190.01 and 190.02, Florida Statute.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME	D BAER, ROBERT 8420 S.W. 146 ST. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
2. NAME	D BAER, RICHARD 8420 S.W. 146 ST. MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
11. NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
12. NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
14. NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
15. NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
17. NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
18. NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
19. NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is completely truthful and correct and equally for the respective states as has been filed in this state. I further certify that the information is true and correct and that the corporation shall later file the same in all other states in which it is registered or has an authorized agent. I have read the report as required by Florida Statute and that my name appears on the back of the report as required by Florida Statute. I have read the report and I have read the report as required by Florida Statute and that my name appears on the back of the report as required by Florida Statute.

SIGNATURE: *Robert Baer* ROBERT BAER, DIRECTOR 1/18/95 3052358676