

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V39574

(1)

1. Corporation Name

ADKRIS PROPERTIES, INC.

Principal Place of Business

**9925 NW 7TH AVENUE
MIAMI FL 33150**

Mailing Address

**9925 NW 7TH AVENUE
MIAMI FL 33150**



3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

06/20/1995

4. F.I.T. Number

65-0388613

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

2. Principal Place of Business

21

Subd. Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**LAMADRID, PEDRO F
9925 NW 7TH AVENUE
MIAMI FL 33150**

2a. Mailing Address

26

Subd. Apt. #, etc.

27

City & State

28

Zip

Country

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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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of New Agent (Type or Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**LAMADRID, ADRIENNE C
9925 NW 7TH AVENUE
MIAMI FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

NAME

**LAMADRID, PEDRO F
9925 NW 7TH AVENUE
MIAMI FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

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