


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

FILED
Mar 14 1997 8:00am
Secretary of State

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V42198 (4) | | | | | |
| 1. Corporation Name: INWOOD DEVELOPMENTS, INC. | | | | | |
| Principal Place of Business 8228 N W 68TH ST MIAMI FL 33166 US | | | Mailing Address 8228 NW 68TH ST MIAMI FL 33166-2759 US | | |
| 2. Principal Place of Business 2585 SOUTH COURSE DRIVE POMPANO BEACH, FL 33069 | | 2a. Mailing Address 2585 SOUTH COURSE DRIVE POMPANO BEACH, FL 33069 | | 3. Date Incorporated or Qualified 06/09/1992 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 03/12/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0421649 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | 84 City | | |
| 85 Zip Code | | | FL | | |
| 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | | D | | <input type="checkbox"/> DELETE | |
| NAME | | LAURIA, JESUS ALBERTO | | | |
| STREET ADDRESS | | 517 MISTY OAKS DR | | | |
| CITY-ST-ZIP | | POMPANO BEACH FL | | | |
| TITLE | | VP | | <input type="checkbox"/> DELETE | |
| NAME | | GUILLERMO, LESSEUR | | | |
| STREET ADDRESS | | 8228 NW 68 ST | | | |
| CITY-ST-ZIP | | MIAMI FL | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |

SIGNATURE: _____

03/10/97

951 968 4408

CR2E034 (9/96)