

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V65861

(9)

1. Corporation Name

SOUTH DADE TITLE SERVICES, INC.

Principal Place of Business

6361 SUNSET DRIVE
SOUTH MIAMI FL 33143
US

Mailing Address

6361 SUNSET DRIVE
SOUTH MIAMI FL 33143-4842
US

3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0357471

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

OLIVEROS, ARMANDO JR
2307 DOUGLAS RD
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name OLIVEROS, ARMANDO, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road. #400
83
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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-stating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME OLIVEROS, ARMANDO JR
STREET ADDRESS 6361 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

TITLE DVS ☐ DELETE

NAME CAPESTANY, ZUELMA
STREET ADDRESS 6361 SUNSET DRIVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME OLIVEROS, ARMANDO, JR.
1.3 STREET ADDRESS 2600 Douglas Rd. Suite 400
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVS. CAPESTANY, ZUELMA
2.3 STREET ADDRESS 2600 Douglas Rd. Suite 400
2.4 CITY-ST-ZIP Coral Gables FL 33134

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Signature]

4/28/97 (302) 442-1111

CR2E034 (9/96)