

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73086

(3)

1. Corporation Name

ASSET SERVICES, INC.

Principal Place of Business

100 N. BISCAYNE BLVD.
SUITE #607
MIAMI FL 33132
US

Mailing Address

2210 S.W. 5TH AVENUE
MIAMI FL 33129-1906
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

02/17/1994

4. FEI Number

65-0367014

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

21 100 N. Biscayne Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 2907

27 Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

28 City & State

Zip

Country

Zip

Country

24 33132

25 Dade

29

30

9. Name and Address of Current Registered Agent

RICHARD, MARK
304 PALERMO AVENUE
CORAL GABLES FL 33134

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 607.0502 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 computer name of registered agent and date if applicable)

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZELL, DAVID M
STREET ADDRESS 9928 COSTA DEL SOL BLVD.
CITY- ST- ZIP MIAMI FL

TITLE VSTD
NAME DE LA PENA, ENRIQUE R
STREET ADDRESS 2210 S.W. 5TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE V
NAME CALVERO, OMAR F
STREET ADDRESS 701 E. 51ST STREET
CITY- ST- ZIP HIALEAH FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information and facts 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 by me. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or I am attached to this report as required.

SIGNATURE:

(Signature typed or computer name of registered agent and date if applicable)

Enrique R. de la Peña

2/18/95

(305) 374-1515