

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73086** (3)

1. Corporation Name

ASSET SERVICES, INC.



Principal Place of Business

**100 N BISCAYNE BLVD
SUITE 2907
MIAMI FL 33132
US**

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 6075 Sunset Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203

27

City & State

23 South Miami, Florida

28

City & State

24 33143-5038

25 Dade

29

City & State

26 33143-5038

27 Dade

30

City & State

9. Name and Address of Current Registered Agent

**RICHARD, MARK
304 PALERMO AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

03/07/1995

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

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 printed name of registered agent or director, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

Enrique R. de la Peña
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique R. de la Peña, Vice Pres. 02/19/96

(305) 374-1515

Date

Daytime Phone

CR2E034 (12/95)