

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K04535** (6)

1. Corporation Name
AKB MANAGEMENT COMPANY



Principal Place of Business: **% BLAIRE & COLE. P.A. 2801 PONCE DE LEON BLVD. S-550 CORAL GABLES FL 33134**
Mailing Address: **% BLAIRE & COLE. P.A. 2801 PONCE DE LEON BLVD. S-550 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **12/02/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0029011**
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

9. Name and Address of Current Registered Agent: **BLAIRE & COLE, P.A. 2801 PONCE DE LEON BLVD SUITE 550 CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD IGLESIAS, MANUEL <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4275 AURORA STREET, SUITE F	12 NAME	
STREET ADDRESS	CORAL GABLES FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	President/Director <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret McGhee	22 NAME	
STREET ADDRESS	2801 Ponce de Leon Blvd. #550	23 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33134 <input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or authorized agent of the corporation and am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13.

SIGNATURE: Margaret McGhee

CR2E034 (12/95)