

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:21

DOCUMENT # **J85743** (9)

1. Corporation Name
31.991 ACRES, INC.

Principal Place of Business Mailing Address
% MAX M. HAGEN
16663 NE 19 AVE
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **03/17/1994**
4. FEI Number **65-0095658** 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 2a. Mailing Address
21. **NEW ADDRESS** 26. **NEW ADDRESS**
Suite, Apt. **MAX M. HAGEN,** Suite, Apt. **MAX M. HAGEN,**
22. **3990 SHERIDAN ST. #104** 27. **3990 SHERIDAN ST. #104**
City & State **HOLLYWOOD, FL 33021** City & State **HOLLYWOOD, FL 33021**
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
HAGEN, MAX M.
16663 NE 19 AVE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
NEW ADDRESS
83. **MAX M. HAGEN,**
3990 SHERIDAN ST. #104
84. City **HOLLYWOOD, FL 33021** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (type or printed name of registered agent and third class carrier) (607.0505) (Signature of Registered Agent (type or printed name of agent)) (607.1506)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETORET, FRATERO VILA
STREET ADDRESS	16663 NE 19 AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	S
NAME	HAGEN, MAX M.
STREET ADDRESS	1663 NE 19TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH 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:

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	NEW ADDRESS
14. CITY-ST-ZIP	3990 SHERIDAN ST. #104
15. CITY-ST-ZIP	HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and that the corporation is in good standing under the laws of the State of Florida. 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 in person. I am an officer or director of the corporation or the receiver or trustee of the corporation and I am authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if I am not an officer or director.

SIGNATURE: *Max M. Hagen* **Max M Hagen** 2/17/95 (305) 987-0515
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR