

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:33

DOCUMENT # **M40197** (9)

1. Corporation Name
LOUIS D'AGOSTINO, INC.

Principal Place of Business Mailing Address
5251 S.W. 4TH CT. PLANTATION FL 33317 **5251 S.W. 4TH CT. PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1986** 3a. Date of Last Report **03/31/1994**
4. FEI Number **59-2715586** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GENEROTTI, E.J.
2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

10. Name and Address of Now 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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	D'AGOSTINO, LOUIS
STREET ADDRESS	5251 S.W. 4TH CT.
CITY - ST - ZIP	PLANTATION FL
TITLE	ST
NAME	D'AGOSTINO, LOUIS
STREET ADDRESS	5251 S.W. 4TH CT.
CITY - ST - ZIP	PLANTATION 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	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing 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 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 _____ DATE **2/13/95** **305-598-1533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PH 1:08**

DOCUMENT # M43933 (4)
1. Corporation Name
MARCOR DEVELOPMENT CORP.

Principal Place of Business: **C/O MARTIN M. GITTER
905 N.E. 199 STREET, #107
MIAMI FL 33179**
Mailing Address: **C/O MARTIN M. GITTER
905 N.E. 199 STREET, #107
MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/29/1986** 3a. Date of Last Report: **02/07/1994**
4. FFI Number: **59-2752666** 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. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.
22. City & State: 27. City & State
23. Zip: 28. Zip Country: 29. Zip Country: 30. Zip Country

9. Name and Address of Current Registered Agent
**GITTER, MARTIN M.
905 N.E. 199 STREET
#107
MIAMI FL 33179**

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 and title if applicable

(NOTE: Registered Agent signature required when registering.)

GATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, HERBERT	1.2 NAME	
STREET ADDRESS	2115 NW 53 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTER, MARTIN M.	2.2 NAME	
STREET ADDRESS	905 NE 199 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

**ANNUAL REPORT
1995**

Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 1:02

DOCUMENT # M44029 (0)

1. Corporation Name
INVEX CORPORATION

Principal Place of Business: **C/O FERNANDO ZULUETA
6262 BIRD RD., SUITE 3C
MIAMI FL 33155-4882**

Mailing Address: **C/O FERNANDO ZULUETA
6262 BIRD RD., SUITE 3C
MIAMI FL 33155-4882**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/30/1986**

3a. Date of Last Report: **05/01/1994**

4. FBI Number: **59-2783346**

Applied For: _____

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**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

Suite, Apt. #, etc.: **27**

City & State: **23**

City & State: **28**

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZULUETA, FERNANDO
6262 BIRD RD.
SUITE 3C
MIAMI FL 33155**

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____

85 Zip Code: **FL**

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**

NAME: **ZULUETA, FERNANDO**

STREET ADDRESS: **6262 BIRD RD. #3C**

CITY - ST - ZIP: **MIAMI FL**

TITLE: **ST**

NAME: **ORRIOLS, ALINA J.**

STREET ADDRESS: **6262 BIRD ROAD #31**

CITY - ST - ZIP: **MIAMI FL**

TITLE: **D**

NAME: **TORNE, RAMON**

STREET ADDRESS: **TRAV DE GRACIA 72**

CITY - ST - ZIP: **BARCELONA 6, SPAIN**

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY - ST - ZIP: _____

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 exemptions stated in Section 110.07(3)(b), 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: *Alina J. Orriols* **ALINA J. ORRIOLS** 3/27/95 305-662-2800

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:25

DOCUMENT # **M47864** (7)
1. Corporation Name
FORTUNE CONSTRUCTION, INC.

Principal Place of Business Mailing Address
**C/O THE RELATED COMPANIES OF FLA. INC.
2828 CORAL WAY
MIAMI FL 33145** **C/O THE RELATED COMPANIES OF FLA. INC.
2828 CORAL WAY
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/06/1987	3a. Date of Last Report 05/01/1994
4. FCI Number 65-0120383	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

**ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable #NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSS, STEPHEN M.
STREET ADDRESS	625 MADISON AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	DPT
NAME	PEREZ, JORGE M.
STREET ADDRESS	2828 CORAL WAY
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	ROCHA, ROBERTO
STREET ADDRESS	2828 CORAL WAY
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	ALVAREZ, MARCELO
STREET ADDRESS	2828 CORAL WAY
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	JOHNSON, CORBIN
STREET ADDRESS	2828 CORAL WAY-PH
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	HERNANDEZ, ANGEL
STREET ADDRESS	2828 CORAL WAY-PH
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Marcelo Alvarez* 3/21/95 (205) 460-9900
SIGNATURE AND TYPE IN PRINTED NAME OF BINDING OFFICER OR DIRECTOR (Title) (System Name #)