

428
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**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G68990 1. Corporate Name PARKVIEW AT PEMBROKE POINTE, INC.	(2)
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Principal Place of Business 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address 700 NW 107TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State: FL Apt. # 10 22 City & State 23 City: MIAMI State: FL 24 Zip: 33172	2a. Mailing Address 26 State: FL Apt. # 10 27 City & State 28 City: MIAMI State: FL 29 Zip: 33172	3. Date Incorporated or Quoted 11/10/1983 3a. Date of Last Report 05/01/1994 4. FL Number 59-2343132 Applied For ☐ Not Applicable ☐ 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 6. This corporation has adopted the Uniform Commercial Code ☒ Yes ☐ No
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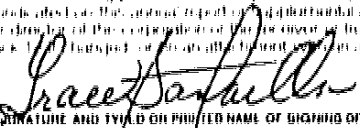
9. Name and Address of Current Registered Agent WATSKY, MORRIS J., ESQ. 700 NW 107TH AVENUE MIAMI FL 33172	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 609 and 610, Florida Statutes, the above named corporation certifies 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, thereby exempt the agent from the appointment of a registered agent. I am certifying with respect to the allegations of Sections 609 and 610, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>NAME</td> <td>ADDRESS</td> </tr> <tr> <td>1. NAME: MLL, LEONARD</td> <td>1. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL</td> </tr> <tr> <td>2. NAME: VD, BOLOTIN, IRVING</td> <td>2. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL</td> </tr> <tr> <td>3. NAME: VD, PEKOR, ALLAN J.</td> <td>3. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL</td> </tr> <tr> <td>4. NAME: VT, SALEDA, M.E.</td> <td>4. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL</td> </tr> <tr> <td>5. NAME: SD, COLE, ROBERT B.</td> <td>5. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL</td> </tr> <tr> <td>6. NAME: AS, SANTAELLA, GRACE</td> <td>6. ADDRESS: 700 N.W. 107 AVENUE MIAMI FL</td> </tr> </table>	NAME	ADDRESS	1. NAME: MLL, LEONARD	1. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL	2. NAME: VD, BOLOTIN, IRVING	2. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL	3. NAME: VD, PEKOR, ALLAN J.	3. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL	4. NAME: VT, SALEDA, M.E.	4. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL	5. NAME: SD, COLE, ROBERT B.	5. ADDRESS: 7004 NW 107TH AVENUE MIAMI FL	6. NAME: AS, SANTAELLA, GRACE	6. ADDRESS: 700 N.W. 107 AVENUE MIAMI FL	13. ADDITIONAL INFORMATION CD ☒ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply with the provisions stated in law for the purpose of Florida Statutes. I further certify that the information is not false, and that it is not a duplicate of any information previously filed with the Department of State, and that my report is not a duplicate of any information previously filed with the Department of State. I am certifying with respect to the allegations of Sections 609 and 610, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Grace Santaella 4/17/95 (305) 229-6400
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