FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

ACCEPTED
APR 27 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46259** **(3)**

1. Corporate Name
DIEZ-MORA ARCHITECTS, INC.

Principal Place of Business
% PEDRO DIEZ
2747 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

Mailing Address
% PEDRO DIEZ
2747 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134

(V) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1988**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0091442**	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
7. Is this corporation subject to the provisions of Florida Statutes: ☐ Yes ☒ No	

21 2a. Principal Place of Business
22 Suite, Apt. # or
23 City & State
24 Zip 25 County

26 2a. Mailing Address
27 Suite, Apt. # or
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

DIEZ, PEDRO
2747 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 Section 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 that position under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	D	01 Title	☐ Change ☐ Addition
02 Name	DIEZ, PEDRO	02 Name	
03 Street Address	2747 PONCE DE LEON BLVD	03 Street Address	
04 City-State-Zip	CORAL GABLES FL	04 City-State-Zip	
05 Title	D	05 Title	☐ Change ☐ Addition
06 Name	MORA, RICHARD	06 Name	
07 Street Address	2747 PONCE DE LEON BLVD	07 Street Address	
08 City-State-Zip	CORAL GABLES FL	08 City-State-Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City-State-Zip		12 City-State-Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City-State-Zip		16 City-State-Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City-State-Zip		20 City-State-Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City-State-Zip		24 City-State-Zip	

14. I hereby certify that the information supplied with this filing is effectively furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the above-named entity is the annual report or supplemental annual report that is true and accurate and that my signature shall have the same legal effect and force 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 13 above, or on an attachment with an additional

SIGNATURE: Pedro Diez PEDRO DIEZ 4-26-95 3064419442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137190 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

... 19

... OF STATE ... FLORIDA

DOCUMENT # K46401 (1)

1. Corporate Name
NEWCASTLE INVESTMENTS CORPORATION, INC.

Principal Place of Business
19411 NW 2ND AVE.
MIAMI FL 33179
US

Mailing Address
19411 NW 2ND AVE.
MIAMI FL 33179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1988	3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0087271	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 satisfied the requirements ... Florida Statutes	[X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address
21 / 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24, Country 25 / Zip 29, Country 30

9. Name and Address of Current Registered Agent

TOBER, JOHN E.
9200 SOUTH DADELAND BLVD.
SUITE 415
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	P/T/D [ ] Change [X] Addition
NAME	CHIN, VINCENT	1 NAME	
STREET ADDRESS	19411 NW 2ND AVE	1 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1 CITY ST ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY ST ZIP		2 CITY ST ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		3 CITY ST ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 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(1)(i), 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: Vincent Chin Vincent Chin 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0184835 CP