Date Due: 05/01/93 Amount Due: $200.00 If After Due Date: $225.00

# CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 2:04
DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation DOCUMENT # K 77416

Select Properties of America, Inc.
228 Almeria Ave
Coral Gables, Florida 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified 4/4/84 3a. Date of Last Report 5/22/94

4. FEI Number 65-0108048

| FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE<br>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE | Applied For / Not Applicable |
|---|---|---|

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MIRIAM CRUZ
228 Almeria Ave.
Coral Gables, Florida 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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS CHANGES | |
|---|---|---|---|
| 1.1 TITLE | PRESIDENT | 1.1 TITLE | |
| 1.2 NAME | CRUZ, MIRIAM | 1.2 NAME | |
| 1.3 ADDRESS | 7975 S.W. 17 Terrace | 1.3 ADDRESS | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33155 | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | | 2.1 TITLE | |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 ADDRESS | | 2.3 ADDRESS | |
| 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | | 3.1 TITLE | |
| 3.2 NAME | | 3.2 NAME | |
| 3.3 ADDRESS | | 3.3 ADDRESS | |
| 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | | 4.1 TITLE | |
| 4.2 NAME | | 4.2 NAME | |
| 4.3 ADDRESS | | 4.3 ADDRESS | |
| 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | |
| 5.3 ADDRESS | | 5.3 ADDRESS | |
| 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | | 6.1 TITLE | |
| 6.2 NAME | | 6.2 NAME | 200 |
| 6.3 ADDRESS | | 6.3 ADDRESS | 5-1-95 |
| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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****200.00 ****200.00

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 above or on an attachment with an address.

SIGNATURE _____ DATE 4/27/95

Print/Type Name of Signing Officer/Director: MIRIAM CRUZ
Title(s): President
Daytime Telephone Number: (305) 448-8282

FOLD ◀ ▶ FOLD