SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:12

DOCUMENT # **L64442** **(1)**

1. Corporation Name
THE AMBASSADORS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
~~% PENINSULA REGISTERED AGENTS, INC.~~ ~~200 S.E. FIRST ST. ATICO FINANCIAL CENTER~~ ~~MIAMI FL 33131~~	~~% PENINSULA REGISTERED AGENTS, INC.~~ ~~200 S.E. FIRST ST. ATICO FINANCIAL CENTER~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990	3a. Date of Last Report: 08/23/1994
4. FEI Number: 65-0243255	☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 801 South Bayshore Drive	26 801 South Bayshore Drive
Suite, Apt. #, etc. 22 Sales Office	Suite, Apt. #, etc. 27 P.O. Box 5
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131	Country 25 U.S.A.
Zip 29 33131	Country 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PENINSULA REGISTERED AGENTS, INC.~~ ~~200 S.E. FIRST ST.~~ ~~ATICO FINANCIAL CENTER PH~~ ~~MIAMI FL 33131~~	81 Name: U.S. Properties, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 801 South Bayshore Drive 83: Sales Office 84 City: Miami FL 85 Zip Code: 33131

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: Emilio Garcia-Mena, President DATE: July 7, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MENA, EMILIO GARCIA	12 NAME	
STREET ADDRESS	1925 BRICKELL AVE #206	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SANPEDRO, JAVIER M.	22 NAME	
STREET ADDRESS	801 S. BAYSHORE DR. #5	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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, added or an attachment with an address.

SIGNATURE: Emilio Garcia-Mena, President 7/7/95 (305) 371-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097110 CP