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95 MAY - 1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12193 (9)**

1. Corporation Name  
**COURTLAND GROUP, INC.**

Principal Place of Business <b>2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133</b>	Mailing Address <b>2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/18/1986</b>	3a. Date of Last Report <b>03/16/1994</b>
4. FEI Number <b>13-2697658</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 100.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
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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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, LEE	1.2 NAME	
STREET ADDRESS	2701 S BAYSHORE DR	1.3 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	1.4 CITY ST ZIP	
TITLE	SVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE I.	2.2 NAME	
STREET ADDRESS	2701 S BAYSHORE DR.	2.3 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	2.4 CITY ST ZIP	
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS	3.2 NAME	
STREET ADDRESS	2701 S BAYSHORE DR.	3.3 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	3.4 CITY ST ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE	4.2 NAME	
STREET ADDRESS	2701 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYSSELL, GUSTAV S.	5.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 121	5.3 STREET ADDRESS	
CITY ST ZIP	HAMILTON VA	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, BERNARD	6.2 NAME	
STREET ADDRESS	2701 S BAYSHORE DR	6.3 STREET ADDRESS	
CITY ST ZIP	COCONUT GROVE FL	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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 appointed to liquidate the corporation 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: **Carlos Camarotti** *[Signature]* **4/27/95** **305 854 6803**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #