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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:23

DOCUMENT # **V65174** **(7)**

1. Corporation Name
SIMMONS/MEYNER REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
2555 N. COURTENAY PARKWAY 33 MERRITT ISLAND FL 32953	2555 N. COURTENAY PARKWAY 33 MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 08/02/1994

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

4. FEI Number: 59-3142140 ☐ 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 liability for intangible tax under S 199 032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFMAN, STANLEY
200 W. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: William E Simmons
82 Street Address (P O Box Number is Not Acceptable): 160 Utopia Circle
83
84 City: Merritt Isl. FL 85 Zip Code: 32952

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
(Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P SIMMONS, WILLIAM E. 2555 NO. COURTENAY PKWAY MERRITT ISLAND FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition President/Sec. NANCY A. SIMMONS 2555 No. Courtenay Pkway #33 Merritt Isl. Fla.
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VP MEYNER, CAMILLE H 2555 NO. COURTENAY PKWAY MERRITT ISLAND FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	S SIMMONNS, WILLIAM E. 2555 NO. COURTENAY PKWAY MERRITT ISLAND FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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, or added above with an address.

SIGNATURE: Nancy A. Simmons Pres 5-15-95 407-452-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NANCY A. Simmons

0070442 CP

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V65252** **(1)**

1. Corporation Name
PHILROSE DESIGNERS JEWELRY, INC.

Principal Place of Business	Mailing Address
118-05 PINES BLVD. PEMBROKE PINES FL 33026	118-05 PINES BLVD. PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0358792**	☐ Applied For ☐ Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CARLIN, MARTIN L.
3000 BISCAYNE BLVD.
SUITE 100
MIAMI FL 33137

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 _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CARLIN, DONALD	12 NAME	
STREET ADDRESS	118-05 PINES BLVD.	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	ST ☒ Change ☐ Addition
NAME	~~MIZRACHI, BEN~~	22 NAME	CARLIN DONALD
STREET ADDRESS	11808 PINES BLVD	23 STREET ADDRESS	118-05 PINES BLVD.
CITY ST ZIP	PEMBROOKE PINES FL	24 CITY ST ZIP	PEMBROKE PINES FL 33026
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	

14. I do hereby certify that no 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 the 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: _____ DONALD CARLIN 6/1/95 305 432-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04P3413 FP

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DIVISION OF CORPORATIONS

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DOCUMENT # V65353 (7)

1. Corporation Name
DORAL CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
~~3750 N.W. 87TH AVENUE SUITE 500 MIAMI FL 33178~~	~~3750 N.W. 87TH AVENUE~~ SUITE 500 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1992	3a. Date of Last Report: 06/28/1994
4. FEI Number: 65-0362617	☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 8405 SW 166 St	26 8405 S.W. 166 St
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Miami Fl.	City & State 28 Miami Fl.
Zip 24 33157 Country 25	Zip 29 33157 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KASKEL, WILLIAM	81 Name
~~3750 N.W. 87TH AVENUE~~	82 Street Address (P.O. Box Number is Not Acceptable) 8405 SW 166 St
~~SUITE 500~~	83
~~MIAMI FL 33178~~	84 City Miami FL 85 Zip Code 33157

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 [signature] William Kaskel, President

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	KASKEL, WILLIAM	12 NAME	William Kaskel
STREET ADDRESS	3750 NW 87TH AVE., STE. 500	13 STREET ADDRESS	8405 SW 166 St
CITY-ST-ZIP	MIAMI FL 33178	14 CITY-ST-ZIP	Miami Fl. 33157
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	STONE, ROBERT SR	22 NAME	Delete
STREET ADDRESS	3750 NW 87TH AVE, STE. 500	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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	

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, or on an attachment with an address.

SIGNATURE: [signature] William Kaskel President 5/30/95 305-254-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DI95081 CP