FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 PM 1:07

DOCUMENT # **767722** **(2)**

1. Corporate Name

FONTAINEBLEAU EXECUTIVE PLAZA CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business
% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

Mailing Address
% C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1983
3a. Date of Last Report: 07/27/1994
4. FEI Number: 59-2296936 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROBERTS, NORMAN T.
250 W MASHTA DR. STE 2
KEY BISCAYNE FL 33149

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: (Appointed Registered Agent) — (Title of Registered Agent) — DATE

12. OFFICERS AND DIRECTORS

TITLE	T/D
NAME	~~HERNANDEZ, PEDRO~~
STREET ADDRESS	~~8370 W FLAGLER STREET, SUITE 150~~
CITY, ST, ZIP	~~MIAMI FL 33144~~
TITLE	SD 7
NAME	DALE, JERRY
STREET ADDRESS	8370 W FLAGLER ST.,SUITE 252
CITY, ST, ZIP	MIAMI FL 33144
TITLE	P/D
NAME	OVIEDO, ALFONSO
STREET ADDRESS	8370 W FLAGLER ST.,SUITE 110
CITY, ST, ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	D ☐ Change ☒ Addition
42 NAME	BOB ROTH
43 STREET ADDRESS	8370 W FLAGLER ST.
44 CITY, ST, ZIP	MIAMI, FL 33144
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

REGISTERED BY MAY 1

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)(k), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/28/95 (Date) — 361-9662 (Telephone Number)

0042844