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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Monham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

P.2/2

95 FEB 14 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267872

(0)

1. Corporation Name

FIRST FLORIDA BUILDING CORPORATION

Principal Place of Business

5900 SW 73RD ST
STE 303
SOUTH MIAMI FL 33143

Mailing Address

5900 SW 73RD ST
STE 303
SOUTH MIAMI FL 33143

300001407493

-02/16/95 --01023 --002

****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1983

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1005304

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, B.E.
5900 S.W. 73RD ST.
STE 303
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, B E
STREET ADDRESS 5900 SW 73 ST #303
CITY-ST-ZIP MIAMI, FLORIDA 0TITLE SD
NAME MILLER, CATHERINE
STREET ADDRESS 5900 SW 73 ST #303
CITY-ST-ZIP MIAMI FLTITLE TD
NAME MILLER, YOLANDA
STREET ADDRESS 5900 SW 73 ST #303
CITY-ST-ZIP MIAMI FLTITLE VD
NAME MILLER, W. ROBERT
STREET ADDRESS 5900 SW 73 ST #303
CITY-ST-ZIP MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I, the undersigned, being duly qualified as a registered agent, hereby 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Printed