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

APPROVED AND FILED

95 APR 26 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **275756** **(5)**

1. Corporation Name

THE HERITAGE CORPORATION OF SOUTH FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1318 N.W.7TH STREET MIAMI FL 33125	1318 N.W.7TH STREET MIAMI FL 33125

3. Date Incorporated or Qualified: **11/15/1963**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1025493** ☐ 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

FEINSTEIN, EDWARD
1318 NW 7TH STREET
MIAMI FL 33125

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 _____ DATE
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 IN 12		
TITLE	PD	1.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	FEINSTEIN, EDWARD	1.2 NAME	PATRICIA ASHENOFF	
STREET ADDRESS	1318 NW 7 STREET	1.3 STREET ADDRESS	1318 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VS	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRIFFIN, LINDA H.	2.2 NAME	FEINSTEIN, EDWARD	
STREET ADDRESS	1318 NW 7 STREET	2.3 STREET ADDRESS	1318 NW 7 STREET	
CITY-ST-ZIP	MIAMI, FL 33125	2.4 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		3.1 TITLE	VS	☒ Change ☐ Addition
NAME		3.2 NAME	GRIFFIN, LINDA H.	
STREET ADDRESS		3.3 STREET ADDRESS	1318 NW 7 STREET	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Edward Feinstein EDWARD FEINSTEIN 3/7/95 (305)324-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120484 CP