

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 24 AM 9:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 397178 (5)**

1. Corporation Name  
**423 CORAL WAY, INC.**

Principal Place of Business  
**C/O PACIFIC R. E. MGMT CORP.  
#403 2480 CORAL WAY  
MIAMI FL 33145  
US**

Mailing Address  
**C/O PACIFIC R. E. MGMT CORP.  
#403 2480 CORAL WAY  
MIAMI FL 33145  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21  Suite, Apt. #, etc.  
22  City & State  
23  Zip  Country

2a. Mailing Address  
26  Suite, Apt. #, etc.  
27  City & State  
28  Zip  Country

3. Date Incorporated or Qualified  
**03/03/1972**

3a. Date of Last Report  
**04/25/1994**

4. FEI Number  
**59-1383717**

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  
**MURAI, WALD, BIONDO & MATTHEWS, P.A.  
900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE  
MIAMI FL**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3   
B4 City **FL** B5 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 (221) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	SCHULTHEIS, THEODORE
STREET ADDRESS	422 EAST 58TH STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	PASD
NAME	SIMON, XAVIER
STREET ADDRESS	422 EAST 58 ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	VPSD
NAME	SIMON, JAMES
STREET ADDRESS	422 EAST 58 ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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: Theodore Schultheis **2/13/95** **305-477-7811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)  
**THEODORE SCHULTHEIS**