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 28 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **554833** **(4)**

1. Corporation Name
MID-FLORIDA COMMUNITIES SALES CORPORATION

Principal Place of Business	Mailing Address
550 BILTMORE WAY 1110 ~~201 S. BISCAYNE BLVD.~~ CORAL GABLES FL 33134 US	550 BILTMORE WAY. 1110 ~~201 S. BISCAYNE BLVD.~~ CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1977	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1784550	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 550 Biltmore Way	26 550 Biltmore Way
Suite, Apt. #, etc. 22 1110	Suite, Apt. #, etc. 27 1110
City & State 23 Coral Gables Fl	City & State 28 Coral Gables, Fl
Zip 24 33134 Country 25 US	Zip 29 33134 Country 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISENFELD, JOSEPH J ~~501 BRICKELL KEY DRIVE~~ ~~SUITE 800~~ ~~MIAMI FL 33131~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 799 BrickeLL Plaza 83 Suite 900 84 City: Miami FL 85 Zip Code: 33131

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, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ECKSTEIN, BERNARD	12 NAME	
STREET ADDRESS	550 BILTMORE WAY #1110	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	SERVIANSKY, DAVID(EX)	22 NAME	
STREET ADDRESS	550 BILTMORE WAY 1110	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	HORWITZ, ROBERTO (EX)	32 NAME	
STREET ADDRESS	550 BILTMORE WAY 1110	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	STERN, RODOLFO	42 NAME	
STREET ADDRESS	550 BILTMORE WAY 1110	43 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	STERN, EDUARDO (EX)	52 NAME	
STREET ADDRESS	550 BILTMORE WAY 1110	53 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	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: _____ 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Rodolfo Stern President

Daytime Phone # 305-461-2440

0140000 CP