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 1:12

DOCUMENT # 712111 (4)

1. Corporation Name
SIXTH MOORINGS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
18555 N.E. 14TH AVENUE NORTH MIAMI BEACH FL 33179	18555 N.E. 14TH AVENUE NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1967
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1204711 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $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 S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

~~JACOBS, MORRIS~~
18555 NE 14 AVE
N MIAMI BCH, FL
33179

10. Name and Address of New Registered Agent

81 Name: MAE ACPERIN/ ARNOLD CALABRIA
82 Street Address (P.O. Box Number is Not Acceptable): 18555 N.E. 14TH AVE.
83
84 City: NO. MIAMI BCH, FL
FL 85 Zip Code: 33179

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: Arnold Calabria ARNOLD CALABRIA PRESIDENT 5/8/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BORCHICK, SHIRLEY	12 NAME	
STREET ADDRESS	18555 NORTHEAST 14 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	P - President ☒ Change ☐ Addition
NAME	CALABRIA, ARNOLD	22 NAME	Arnold Calabria
STREET ADDRESS	18555 NORTHEAST 14 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	24 CITY-ST-ZIP	
TITLE	I	31 TITLE	D Shirley Borchick ☒ Change ☐ Addition
NAME	JACOBS, MORRIS	32 NAME	
STREET ADDRESS	18555 NORTHEAST 14 AVE	33 STREET ADDRESS	Shirley Borchick
CITY-ST-ZIP	N MIAMI BCH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	D ☐ Change ☒ Addition
NAME	WYNNE, ESTHER	42 NAME	Bernie Maxstein
STREET ADDRESS	18555 NORTHEAST 14 AVE	43 STREET ADDRESS	18555 NE 14 Ave
CITY-ST-ZIP	N MIAMI BCH FL	44 CITY-ST-ZIP	NMB, FL 33179
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TANNER, IRVING H	52 NAME	
STREET ADDRESS	18555 NORTHEAST 14 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D - TREASURER ☒ Change ☐ Addition
NAME	ACPERIN, MAE	62 NAME	Mae S. Acperin
STREET ADDRESS	18555 NE 14 AVE	63 STREET ADDRESS	18555 N.E. 14TH AV.
CITY-ST-ZIP	N. MIAMI BEACH FL	64 CITY-ST-ZIP	N.M.B. FLA. 33179

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arnold Calabria ARNOLD CALABRIA 5/8/95 305-947-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044007