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

APPROVED AND FILED

95 MAR -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721866 (2)

1. Corporation Name

CORAL HAVEN ASSOCIATION, INC.
P.O. Box 650701, Miami, Fl. 33265-0701

Principal Place of Business	Mailing Address
10223 S.W 20 TERR. MIAMI FL 33165	10223 S.W 20 TERR. MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1971
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2498488 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10223 S.W. 20 Terr.	26 P.O. Box 650701
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl. 33165	City & State 28 Miami, Fl. 33265-0701
Zip / Country 24 33165 / 25 Dade	Zip / Country 29 33265 / 30 Dade

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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUIZ, GUILLERMO F. 10208 S.W. 20 TERRACE MIAMI FL 33165	81 Name: N/A 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 N/A
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTILLO, RAFAEL DEL	1.2 NAME	No change	
STREET ADDRESS	10223 S.W. 20 TERR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CASTILLO, AMELIA DEL	2.2 NAME	Eugenio Zaldivar	
STREET ADDRESS	10223 S.W. 20 TERR.	2.3 STREET ADDRESS	10216 S.W. 21 Terr.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LANCIS, ANTONIO	3.2 NAME	Silvio Gonzalez,	
STREET ADDRESS	10224 S.W. 21 TERR.	3.3 STREET ADDRESS	10220 S.W. 21 Terr.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SILVIO, GONZALEZ	4.2 NAME	Georgina Jorge	
STREET ADDRESS	10220 S.W. 21 TERR.	4.3 STREET ADDRESS	10208 S.W. 21 Terr.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SANTIAGO, THELMA	5.2 NAME	No change	
STREET ADDRESS	10216 SW. 20 TERR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	Esperanza Gonzalez,	
STREET ADDRESS		6.3 STREET ADDRESS	10220 S.W. 21 Terr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Fl. 33165	

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: [signature] 2-27-95 (305) 226-5072
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
Silvio Gonzalez, Treasurer.

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