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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:02

DOCUMENT # F71870 (2)

1. Corporation Name
PROMENADE OF CORAL SPRINGS, INC

Principal Place of Business	Mailing Address
~~7951 S.W. 6TH STREET, SUITE 210~~ ~~P.O. BOX 630817~~ ~~MIAMI FL 33163~~	~~7951 S.W. 6TH STREET, SUITE 210~~ ~~P.O. BOX 630817~~ ~~MIAMI FL 33163~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1982
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21: 3079 NE 163 STREET
22: Suite, Apt. #, etc.
23: City & State: NO. MIAMI BEACH, FL
24: Zip: 33160 25: Country: USA

2a. Mailing Address
26: P O BOX 630817
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33163 30: Country: USA

4. FEI Number: 59-2276672 ☐ 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

~~AZOUT, JACOBO~~
~~7951 S.W. 6TH STREET~~
~~SUITE 210~~
~~PLANTATION 33324~~

10. Name and Address of New Registered Agent

81 Name: AZOUT, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 3802 NE 207 STREET
83: #1502
84 City: NO. MIAMI BEACH FL 85 Zip Code: 33180

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: JACK AZOUT, PRES. 2/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~BP~~	11 TITLE	P/D	☒ Change ☐ Addition
NAME	~~AZOUT, JACOBO~~	12 NAME	AZOUT, JACK	
STREET ADDRESS	~~3802 NE 207 ST #1502~~	13 STREET ADDRESS	3802 NE 207 STREET #1502	
CITY-ST-ZIP	~~NORTH MIAMI BCH FL~~	14 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180	
TITLE		21 TITLE	S/D	☐ Change ☒ Addition
NAME		22 NAME	AZOUT, GILDA	
STREET ADDRESS		23 STREET ADDRESS	3802 NE 207 STREET #1502	
CITY-ST-ZIP		24 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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: JACK AZOUT, PRES. 2/10/95 (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF MICHIGAN OFFICER OR DIRECTOR — Date — Daytime Phone #

0200760 CP