

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H40802

(1)

95 MAR 14 AM 8:31

1. Corporation Name
MCA RANCH, INC.

Principal Place of Business

316 ROYAL POINCIANA PLAZA
PO BOX 1059
PALM BCH FL 33480-0059

Mailing Address

316 ROYAL POINCIANA PLAZA
PO BOX 1059
PALM BCH FL 33480-0059

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1985

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2486996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.012,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DONALD W.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

81. Name

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

(Signature of State or local bank or registered agent and for if applicable)

(Signature of Registered Agent required when not residing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

C
FANJUL, ALFONSO
316 ROYAL POINCIANA PL
PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
FANJUL, JOSE
316 ROYAL POINCIANA PL
PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SVD
CARSON, DONALD W.
316 ROYAL POINCIANA PL
PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VT
KANAI, DENNIS J.
316 ROYAL POINCIANA PL
PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

AS
BAKER, DAVID A.
321 ROYAL POINCIANA PL
PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I 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)(b), Florida Statutes. I further certify that the information contained 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. KANAI 2/6/95 (305) 858-2519