FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # Corporation Name CORAL WAY INVESTMENTS, INC. Principal Place of Business Mailing Address 311 S W 27 AVENUE 311 S W 27 AVENUE MIAMI FL 33135 MIAMI FL 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1987 03/28/1995 2. Principal Place of Business 2a. Mailino Address 4. FEL Number Applied For 59-2826025 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ENCISO, ROSA MA. Street Address (P.O. Box Number is Not Acceptable) 82 **311 SW 27 AVENUE MIAMI FL 33135** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE CR2E034 (12/ Change ☐ Addition CHIARI, RICARDO 1.2 NAME 311 SW 27 AVENUE 1.3 STREET ADDRESS MIAMI FL 1.4 CiTY - ST- ZIP DELETE 2. 1 TITLE ☐ Change ☐ Addition ENCISO, ROSA MA. 22 NAME **311 SW 27 AVENUE**

12. THLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-S1-ZIP 2.4 CITY - ST - ZIP HILE DELETE 3.1 TITLE Change Addition SALAZAR, MARTA NAME 3.2 NAME **311 SW 27 AVENUE** STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CiTY-ST-ZIP 3 4 C(TY - ST- Z(P TITLE DELETE 4. 1 TITLE Change Addition MUXO, MARIA LUISA NAME 4.2 NAME 311 S.W. 27TH AVE. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 44 CITY-ST-ZIP TELLE DELETE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 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)(k), 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 directer 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 an attachment with an address.

SIGNATURE:

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4/10/96 (305)649-0442

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