

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 APR 14 PM 3:39****DOCUMENT # K46546 (3)**

1. Corporation Name

THE CAYO HUESO BREEZE, INC.

Principal Place of Business

**209 DUVAL STREET
KEY WEST FL 33040**

Mailing Address

**209 DUVAL STREET
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

04/18/1994

4. FBI Number

65-0102017

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$9.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1010 Kennedy Dr.

2a. Mailing Address

26 P.O. Box 963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Third Floor

City & State

City & State

City & State

23 Key West, FL**28 Key West, FL**

Zip

24 33040

Country

25 Monroe

Zip

29 33041

Country

30 Monroe

9. Name and Address of Current Registered Agent

**HALPERIN, MICHAEL
209 DUVAL STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **DICKINSON, ANN**
STREET ADDRESS **209 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL**TITLE **DV**
NAME **O'BRIEN, LINDA**
STREET ADDRESS **209 DUVAL ST.**
CITY-ST-ZIP **KEY WEST FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 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 110.07(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 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 or both, as changed, or an appointment with an address.

SIGNATURE: **ANN L. DICKINSON, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-11-95**
Date**(308) 296-5396**
Telephone Number