

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K64598

(1)

1. Corporation Name

CENTER PARK, INC.

95 JUN 30 AM 9:38

Principal Place of Business

1 SE 3RD AVENUE
#2120
MIAMI FL 33131

Mailing Address

1 SE 3RD AVENUE
#2120
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

03/16/1994

4. FEI Number

65-0128122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Certificate Fee Waiver

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.012

Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENFIELD, ALAN

3301 PONCE DE LEON BLVD

6800

MIAMI FL 33134

2600 Douglas ROAD

Suite 911

CORAL Gables, FL 33134

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

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P

GREENFIELD, ALAN

3301 PONCE DE LEON BLVD

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

2600 Douglas ROAD Suite 911

CORAL Gables, FL 33134

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(2)(b), 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:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95

305 442-1731

CR2E034 (3/95)