

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

50 MAY 22 1410:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K66148

(3)

THE STONEHURST ORGANIZATION II, INC.

Principal Office Address

1 S.E. 3 AVENUE, 15TH FLOOR
MIAMI FL 33131

Mailing Address

1 S.E. 3 AVENUE, 15TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 02/16/1989	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0191145	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. Does corporation have liability for advertising for election to Florida Statutes ☐ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

CALVAR, DENISE
1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.06(1) 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 provisions of Sections 607.06(1) Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
NAME	D MIOT, SANFORD 1 S.E. 3 AVENUE, 15TH FL MIAMI FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
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CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked quickly for the exemption stated in Sections 136.17(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 3, if changed, or on an attachment with my address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95

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