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

APPROVED AND FILED

'95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K70868** **(0)**

1. Corporation Name
THE STONEHURST ORGANIZATION I-A, INC.

Principal Place of Business
1 SE 3RD AVE. 15TH FL
MIAMI FL 33131

Mailing Address
1 SE 3RD AVE. 15TH FL
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1989**
3a. Date of Last Report: **08/26/1994**

2. Principal Place of Business
21
Suite Apt. # or
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. # or
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-2989943** — 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 qualify for exemption tax under S. 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CALVAR, DENISE
1 SE 3RD AVE, 15TH FL
MIAMI FL 33131

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 Section 607.0505, Florida Statutes, the above named Corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

D
MIOT, SANFORD
1 SE 3RD AVE, STE 1500
MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ 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)(i), Florida Statutes. Further, I hereby certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or on an attachment with an name.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95
Date

305-377-1800
Daytime Phone #

0131734 CP