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 MAR 28 AM 11:45

DOCUMENT # **K70926** **(6)**

1. Corporation Name
DOUGLAS TOWNHOUSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
311 S.W. 27TH AVENUE MIAMI FL 33135-9901	311 S.W. 27TH AVENUE MIAMI FL 33135-9901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0111193 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ENCISO, ROSA MA.
311 S.W. 27TH AVENUE
MIAMI FL 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CHIARI R., RICARDO	12 NAME	
STREET ADDRESS	311 SW 27TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CHIARI B., JOSE RODOLFO	22 NAME	
STREET ADDRESS	311 SW 27TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	DE PAREDES, GASPAR G.	32 NAME	
STREET ADDRESS	311 SW 27TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	ENCISO, ROSA MA.	42 NAME	
STREET ADDRESS	311 SW 27TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SALAZAR, MARTA	52 NAME	
STREET ADDRESS	311 S.W. 27TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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 added on an attachment with an address.

SIGNATURE: _____ ROSA MA ENCISO 3/28/95 (305) 649-0442
Signature and Typed or Printed Name of Person or Officer or Director — Date — Daytime Phone #
SECRETARY

0143007 CP