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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 JUN -9 AM 8:25

DOCUMENT # K79662 (8)

1. Corporation Name
DORAL ESTATES VILLAS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
122 EAST 42ND STREET 101 NEW YORK NY 10168 US	122 EAST 42ND STREET 1601 NEW YORK NY 10168 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1989
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0111284 ☐ 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

KASKEL, WILLIAM
3750 NW 87TH AVE #500
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: Kaskel, William
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8405 S.W. 166 St
84 City: Miami FL 85 Zip Code: 33157

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: William Kaskel, William Kaskel — 6/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KASKEL, HOWARD	1.2 NAME		
STREET ADDRESS	122 EAST 42ND STREET SUITE 1601	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHRAGIS, CAROLE	2.2 NAME		
STREET ADDRESS	122 EAST 42ND STREET SUITE 1601	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROE, ANITA	3.2 NAME		
STREET ADDRESS	122 EAST 42ND STREET SUITE 1601	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KASKEL, WILLIAM	4.2 NAME	Kaskel, William	
STREET ADDRESS	3750 NW 87TH AVE #500	4.3 STREET ADDRESS	8405 SW 166 St	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl. 33157	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 on an attachment with an address.

SIGNATURE: William Kaskel, William Kaskel — 6/6/95 — 305-254-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001888 CP