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 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K87253** **(6)**

1. Corporation Name
SIGLER DENTAL CERAMICS, INC.

Principal Place of Business
311 WEST INDIANTOWN ROAD
#5
JUPITER FL 33458

Mailing Address
311 WEST INDIANTOWN ROAD
#5
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989	3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0126000	☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIGLER, JOHN V.
311 WEST INDIANTOWN ROAD
#6
JUPITER FL 33458

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	SIGLER, JOHN V.	NAME	
STREET ADDRESS	18806 OSPREY WAY N	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	
TITLE	VSTD	TITLE	☐ Change ☐ Addition
NAME	SIGLER, MARIA V.	NAME	
STREET ADDRESS	18806 OAPREY WAY N	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(k), 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: J. V. Sigler - Maria V. Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 Date
407-575-2196 Daytime Phone #

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # K87662 (8)

1. Corporate Name

RITZ-PLAZA HOTEL CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
% ~~MANUEL LLERANDI~~ JAVIER VILA 1701 COLLINS AVE. MIAMI BEACH FL 33139	% ~~MANUEL LLERANDI~~ JAVIER VILA 1701 COLLINS AVE. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/20/1994

2. Principal Office Address
21

Suite, Apt. # or
22

City & State
23

2a. Mailing Address
26

Suite, Apt. # or
27

City & State
28

4. FEI Number: 65-0118631 ☐ 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

24 25 29 30

8. Is corporation formed or qualified to transact business in Florida pursuant to Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STOFKA MARIA
RITZ PLAZA HOTEL
1701 COLLINS AVE.
MIAMI BEACH FL 33139

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 607.1501, 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 607.1508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
Title	DEVP	☐ Change ☐ Addition
Name	VILA, JAVIER	
Street Address	1707 COLLINS AVENUE	
City-St-Zip	MIAMI BEACH FL	
Title	DST	☐ Change ☐ Addition
Name	STOFKA, MARIA	
Street Address	1701 COLLINS AVE	
City-St-Zip	MIAMI BCH FL	
Title	DCP	☐ Change ☐ Addition
Name	CONTRERAS, IGNACIO	
Street Address	CC LIBERTADOR, PISO 3 TORRE N.O.	
City-St-Zip	CARACS VE	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I further 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 above, if applicable, or on an attachment with an address.

SIGNATURE: ✓ [signature] VILA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 5/2/95 (Date)

✓ 534 3500 (Area Code & Daytime Phone Number)

0118631 CP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

[illegible] 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89280 (7)

1. Corporate Name

V.L.H., CORP.

Principal Place of Business

C/O MAX MILLARD
3 GROVE ISLE DRIVE SUITE 707
MIAMI FL 33133

Mailing Address

C/O MAX MILLARD
3 GROVE ISLE DRIVE SUITE 707
MIAMI FL 33133

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 05/18/1989

3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26
27
28
29 30

4. FEI Number: 65-0263010 ☐ 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. This corporation has solely its intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLARD, MAX
3 GROVE ISLE DRIVE SUITE 707
MIAMI FL 33133

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 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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)

12. OFFICER AND DIRECTORS

PD
MILLARD, MAX
3 GROVE ISLE DR. S-707
MIAMI FL

DST
MILLARD, HEATHER
3 GROVE ISLE DR. S-707
MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I declare, under penalty of perjury, that the information supplied with this report is accurate and complete, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this 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 above, or on an attachment with an address.

SIGNATURE: Max Millard

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

MAX MILLARD

5-17-95

Date

(305) 856-4909

Daytime Phone #

0136700 CP