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 MAY 31 AM 9:04

DOCUMENT # **L02086** **(1)**

1. Corporation Name
DORAL CORPORATE PLAZA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
122 EAST 42ND ST 1601 NEW YORK NY 10168 US	122 EAST 42ND STREET C/O CAROL MGMT 1601 NEW YORK NY 10168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1989	3a. Date of Last Report: 05/11/1994
4. FEI Number: 65-0131971	☐ 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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8405 S.W. 116th Street

83

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KASKEL, HOWARD	12 NAME	
STREET ADDRESS	122 EAST 42ND ST SUITE 1601	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	KASKEL, WILLIAM	22 NAME	
STREET ADDRESS	3750 NW 87TH AVE #500	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	KASKEL, WILLIAM	32 NAME	
STREET ADDRESS	~~3750 NW 87TH AVE #500~~	33 STREET ADDRESS	8405 S.W. 116th Street
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	33157.
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	ROE, ANITA	42 NAME	
STREET ADDRESS	122 EAST 42ND STREET SUITE 1601	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	DVP	51 TITLE	☐ Change ☐ Addition
NAME	SCHRAGIS, CAROLE	52 NAME	
STREET ADDRESS	122 EAST 42ND STREET SUITE 1601	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 on an attachment with an addition.

SIGNATURE: William Kaskel 5/24/95 (212) 557-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000181 CP