

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14471** (1)
DEERING BAY CORPORATION

Principal Place of Business Mailing Address
**13605 OLD CUTLER ROAD
MIAMI FL 33158** **13605 OLD CUTLER ROAD
MIAMI FL 33158**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1989** 3a. Date of Last Report **04/18/1994**
4. FEI Number **65-0205380** 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 § 109.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**RAY, DOUGLAS T
13604 OLD CUTLER RD.
MIAMI FL 33158**

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 607.1506, 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

Douglas T. Ray

4-28-95

12. OFFICERS AND DIRECTORS
12.1 NAME **PD CODINA, ARMANDO**
12.2 STREET ADDRESS **TWO ALHAMBRA PLAZA, PH 2**
12.3 CITY, ST, ZIP **CORAL GABLES FL**
12.4 NAME **VD FERNANDEZ, JUAN**
12.5 STREET ADDRESS **13605 OLD CUTLER RD.**
12.6 CITY, ST, ZIP **MIAMI FL**
12.7 NAME **VD RODON, RAFAEL**
12.8 STREET ADDRESS **2 ALHAMBRA PLAZA PH2**
12.9 CITY, ST, ZIP **CORAL GABLES FL**
12.10 NAME **VSD BEFELER, HENRY**
12.11 STREET ADDRESS **2 ALHAMBRA PLAZA, PH2**
12.12 CITY, ST, ZIP **CORAL GABLES FL**
12.13 NAME **VTD RAY, DOUGLAS T**
12.14 STREET ADDRESS **13605 OLD CUTLER RD.**
12.15 CITY, ST, ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 NAME **V** ☒ Change ☐ Addition
13.6 NAME **Fernandez, Juan**
13.7 STREET ADDRESS **13605 Old Cutler Road**
13.8 CITY, ST, ZIP **Miami, FL**
13.9 NAME **V** ☒ Change ☐ Addition
13.10 NAME **Rodon, Rafael**
13.11 STREET ADDRESS **2 Alhambra Plaza PH2**
13.12 CITY, ST, ZIP **Coral Gables, FL**
13.13 NAME **V/S** ☒ Change ☐ Addition
13.14 NAME **Befeler, Henry**
13.15 STREET ADDRESS **2 Alhambra Plaza PH2**
13.16 CITY, ST, ZIP **Coral Gables, FL**
13.17 NAME **V/T** ☒ Change ☐ Addition
13.18 NAME **Ray, Douglas T**
13.19 STREET ADDRESS **13605 Old Cutler Road**
13.20 CITY, ST, ZIP **Miami, FL**
13.21 NAME
13.22 STREET ADDRESS
13.23 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption relating to "small" corporations under Florida Statutes. I further certify that the information submitted on this change 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 registered agent authorized to execute this report as required by Florida Statutes, and that my name appears on the filing of this report or on an after filing certificate.

SIGNATURE:

Douglas T. Ray
Douglas T. Ray

4-28-95 (305) 250-3335