CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L35285 (0)

1. Corporation Name
DAVIE GARDENS REAL ESTATE, INC.

Principal Place of Business
599 LEXINGTON AVE.
26 FL
NEW YORK NY 10043

Mailing Address
%UNITED CORPORATE SERVICES, INC.
801 NE 167 ST. #300
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1989
3a. Date of Last Report: 04/08/1994

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

4. FEI Number: 13-3572301 — 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

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CAHILL, WILLIAM T.	1.2 NAME		
STREET ADDRESS	599 LEXINGTON AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10043	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, JOSEPH F.	2.2 NAME		
STREET ADDRESS	2502 ROCKY POINT ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP		
TITLE	VT	3.1 TITLE	VT	☒ Change ☐ Addition
NAME	CALIA, VITO	3.2 NAME	Brandi, Teresa	
STREET ADDRESS	850 THIRD AVE.	3.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	NEW YORK NY 10043	3.4 CITY-ST-ZIP	New York, NY 10043	
TITLE	VAT	4.1 TITLE	VAT	☒ Change ☐ Addition
NAME	LYNN, HOWARD	4.2 NAME	Manion, John	
STREET ADDRESS	850 THIRD AVE.	4.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	NEW YORK NY 10043	4.4 CITY-ST-ZIP	New York, NY 10043	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, PATRICIA	5.2 NAME		
STREET ADDRESS	599 LEXINGTON AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10043	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)(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: William T. Cahill — 5/2/95 — 212-557-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William T. Cahill

0175301 CP