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 APR 18 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L72491** **(8)**

1. Corporation Name

425 CORAL WAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
11811 NORTH FREEWAY, SUITE 630 HOUSTON TX 77060	11811 NORTH FREEWAY, SUITE 630 HOUSTON TX 77060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 11811 North Freeway
Suite, Apt. #, etc.
22: Suite 300
City & State
23:
Zip / 24:
County / 25:

2a. Mailing Address
26: 11811 North Freeway
Suite, Apt. #, etc.
27: Suite 300
City & State
28:
Zip / 29:
County / 30:

4. FEI Number: **52-1687124** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** 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

MIKES, JAMES R.
% RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RUSCA, FAUSTO	12 NAME	
STREET ADDRESS	VIA C.B. PIODA, 14	13 STREET ADDRESS	
CITY ST ZIP	CH-6900 LUGANO, SWIT	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	HATFIELD, KEN	22 NAME	11811 North Freeway, #300
STREET ADDRESS	11811 N. FREEWAY STE 630	23 STREET ADDRESS	Houston, Texas 77060
CITY ST ZIP	HOUSTON TX	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	TOMBARI, MICHAEL G.	32 NAME	11811 North Freeway, #300
STREET ADDRESS	11811 N. FREEWAY STE 630	33 STREET ADDRESS	Houston, Texas 77060
CITY ST ZIP	HOUSTON TX	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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 address.

SIGNATURE: Michael G. Tombari 3/18/95 (713) 820-0747
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone #

0472827 FP