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 -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95567** **(8)**

1. Corporation Name
DEERING BAY REALTY, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/16/1990**
3a. Date of Last Report: **04/18/1994**

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

4. FEI Number: ~~65-0188330~~ 65-0213320 ☐ 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

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAY, DOUGLAS T
13605 OLD CUTLER RD.
MIAMI FL 33158

Hank Klein

10. Name and Address of New Registered Agent

81 Name: Hank Klein
82 Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Plaza, PH 2
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: 4-28-95
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	PD	11 TITLE	D ☒ Change ☐ Addition
NAME	CODINA, ARMANDO	12 NAME	Codina, Armando
STREET ADDRESS	13605 OLD CUTLER ROAD	13 STREET ADDRESS	13605 Old Cutler Road
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, F 33158
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	FERNANDEZ, JUAN	22 NAME	DELETE
STREET ADDRESS	13605 OLD CUTLER RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	RODON, RAFAEL	32 NAME	
STREET ADDRESS	13605 OLD CUTLER RD.	33 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	☒ Change ☐ Addition
NAME	BEFELER, HENRY	42 NAME	
STREET ADDRESS	13605 OLD CUTLER RD.	43 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VTD	51 TITLE	☒ Change ☐ Addition
NAME	RAY, DOUGLAS T	52 NAME	
STREET ADDRESS	13605 OLD CUTLER RD.	53 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	P/S/D ☐ Change ☒ Addition
NAME		62 NAME	Klein, Hank
STREET ADDRESS		63 STREET ADDRESS	2 Alhambra Plaza, PH 2
CITY-ST-ZIP		64 CITY-ST-ZIP	Coral Gables, FL 33134

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: _____ 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208858 CP