

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

**APPROVED AND FILED**

**95 MAY -1 AM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DOCUMENT # M04079 (3)**  
**600 CRANDON PROPERTIES, INC.**

**81 ISLAND DR  
P.O. BOX 112  
KEY BISCAVNE FL 33149**

|    |    |    |    |    |                     |    |                         |              |             |                   |   |
|----|----|----|----|----|---------------------|----|-------------------------|--------------|-------------|-------------------|---|
| 21 | 22 | 23 | 24 | 25 | 26                  | 27 | 28                      | 29           | 30          | 31                | 32  |
|    |    |    |    |    | <i>P.O. Box 112</i> |    | <i>Key Biscayne, FL</i> | <i>33149</i> | <i>None</i> | <b>08/16/1984</b> | <b>03/07/1994</b>   |
|    |    |    |    |    |                     |    |                         |              |             | <b>59-2438308</b> | Applied Fee<br>Not Applicable   |
|    |    |    |    |    |                     |    |                         |              |             |                   | <b>\$8.75 Additional Fee Required</b>   |
|    |    |    |    |    |                     |    |                         |              |             |                   | <b>\$5.00 May Be Added to Fees</b>  |
|    |    |    |    |    |                     |    |                         |              |             |                   | <b>8. This corporation has liability for intangible tax under 1993 (a), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b> |

**9. Name and Address of Current Registered Agent**  
**LARREA, A. J.  
81 ISLAND DR.  
KEY BISCAVNE FL 33149**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number if Not Applicable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> Zip Code   |

**11. I, the undersigned, as president, secretary, treasurer, or clerk of the Florida Statutes, the state approved corporation, submit this statement for the purpose of having paid its registered office of record in the State of Florida. Such filing was authorized by the corporation's Board of Directors, I hereby accept this appointment as registered agent. I am not a resident of Florida and the corporation is a corporation organized under Florida Statutes.**

**12. OFFICERS AND DIRECTORS**

|                        |                     |
|------------------------|---------------------|
| <b>PS</b>              | <b>LARREA, A.J.</b> |
| <b>81 ISLAND DR</b>    |                     |
| <b>KEY BISCAVNE FL</b> |                     |
| NAME                   |                     |
| STREET ADDRESS         |                     |
| CITY                   |                     |
| STATE                  |                     |
| ZIP CODE               |                     |
| NAME                   |                     |
| STREET ADDRESS         |                     |
| CITY                   |                     |
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| STATE                  |                     |
| ZIP CODE               |                     |
| NAME                   |                     |
| STREET ADDRESS         |                     |
| CITY                   |                     |
| STATE                  |                     |
| ZIP CODE               |                     |

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS**

|      |                |      |       |          |   |
|------|----------------|------|-------|----------|---|
| NAME | STREET ADDRESS | CITY | STATE | ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | CITY | STATE | ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | CITY | STATE | ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | STREET ADDRESS | CITY | STATE | ZIP CODE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**14. I hereby certify that the information reported above is true and correct to the best of my knowledge and belief, and that the corporation is authorized to file this statement with the Secretary of State. I am not a resident of Florida and the corporation is a corporation organized under Florida Statutes.**

**SIGNATURE:** *[Signature]* **A.J. Larrea** *4/21/95* **(20) 861-7161**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR