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 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M27781** **(7)**

1. Corporation Name
FLORHOLDINGS, INC.

Principal Place of Business	Mailing Address
2 ALHAMBRA PLAZA 1202 CORAL GABLES FL 33134 US	2 ALHAMBRA PLAZA 1202 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1986
3a. Date of Last Report: 05/01/1994

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: 59-2736410 ☐ 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

KARP, GENAEUR & LEVI P
2 ALHAMBRA PLAZA STE 1202
PENTHOUSE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Alhambra Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Plaza, Suite 1202
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: Joel J. Karp, Pres. 4/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LASSER, MARSHALL	12 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WINTER, JOHN	22 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MAE	32 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KARP, JOEL J.	42 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	ISAZA, LUIS FERNANDO	52 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	
TITLE	TAS	61 TITLE	☐ Change ☐ Addition
NAME	CRUZ, GLORIA	62 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA STE 1202	63 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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)(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: Joel J. Karp Joel J. Karp, Director 4/22/95 305-445-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140000 CP