FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **M75148** **(0)**

1. Current Name

J. C. KIMBERLY COMPANY

Principal Place of Business	Mailing Address
201 HIGHWAY 17 SOUTH PO BOX 8320 YULEE FL 32097 US	P.O. BOX 8320 PO BOX 8320 AMELIA ISLAND FL 32035-8320 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **04/04/1988**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Sale Apt # or — 22
Sale Apt # or — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: ~~80-6564040~~ 59-2888912 ☐ 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. The corporation has liability for intangible tax under s. 199 F.S. Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIRSCHEL, JOHN H., JR. 114 MARSH CREEK ROAD AMELIA ISLAND FL 32034	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

12. OFFICES AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	D/P ☐ Change ☒ Addition
NAME	MIRSCHEL, JOHN H., JR.	NAME	
STREET ADDRESS	114 MARSH CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL	CITY-ST-ZIP	32035
TITLE	VP	TITLE	☐ Change ☒ Addition
NAME	MIRSCHEL, JOHN H III	NAME	
STREET ADDRESS	2447 PALM CIRCLE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	CITY-ST-ZIP	32034
TITLE	S	TITLE	☐ Change ☒ Addition
NAME	MIRSCHEL, JOSEPHINE D	NAME	
STREET ADDRESS	114 MARSH CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL	CITY-ST-ZIP	32035
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 correct 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 1 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: [signature] May 01, 1995 (904)225-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400907 FP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] PM 3:57

[illegible] STATE
[illegible], FLORIDA

DOCUMENT # **M75248** **(8)**

1. Corporate Name

DORAL PROPERTIES, INC.

Principal Office Address	Mailing Address
122 EAST 42ND ST SUITE 1601 NEW YORK NY 10168 US	C/O CAROL MANAGEMENT CORP 122 E 42ND ST STE 1601 NEW YORK NY 10168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **04/05/1988**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0048089**	☐ 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 [illegible] Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KASKEL, WILLIAM ~~3750 NW 87TH AVE~~ ~~SUITE 500~~ ~~MIAMI FL 33166~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8405 S.W. 166 th Street 83 84 City: Miami FL 85 Zip Code: 33157

11. Pursuant to the provisions of Section(s) 607.0505 and/or 1608, 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(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TYPE	D	☐ Change ☐ Addition
NAME	KASKEL, HOWARD	
STREET ADDRESS	122 E 42ND ST STE 1601	
CITY-ST-ZIP	NEW YORK NY	
TYPE	D	☐ Change ☐ Addition
NAME	ROE, ANITA KASKEL	
STREET ADDRESS	122 E 42ND ST STE 1601	
CITY-ST-ZIP	NEW YORK NY	
TYPE	D	☐ Change ☐ Addition
NAME	SCHRAGIS, ALVIN I.	
STREET ADDRESS	122 E 42ND ST STE 1601	
CITY-ST-ZIP	NEW YORK NY	
TYPE	D	☐ Change ☐ Addition
NAME	BLUM, BRUCE	
STREET ADDRESS	122 E 42ND ST STE 1601	
CITY-ST-ZIP	NEW YORK NY	
TYPE	D	☐ Change ☐ Addition
NAME	ALTER, IRVING D.	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TYPE	D	☒ Change ☐ Addition
NAME	KASKEL, WILLIAM	
STREET ADDRESS	~~3750 NW 87TH AVE #500~~	8405 S.W. 166 th St.
CITY-ST-ZIP	~~MIAMI FL~~	Miami FL 33157

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1 or Block 10 if changed, or is added, in Block 12 or Block 13 with an address.

SIGNATURE: [signature] 5/1/95 212-557-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001847 CP