# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:05

DOCUMENT # **M78684** **(1)**

1. Corporation Name
**FOUNTAIN PLAZA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2735 PONCE DE LEON BLVD.~~ CORAL GABLES FL 33134 | ~~2735 PONCE DE LEON BLVD.~~ CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1988
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22): 3200 PONCE DE LEON BLVD., 2ND FLOOR
City & State (23): CORAL GABLES, FL 33134
Zip (24) / Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) / Country (30)

4. FEI Number: 65-0120904 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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**

VALLE, JOSE
~~2735 PONCE DE LEON BLVD.~~
CORAL GABLES FL 33134

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

81 Name: JOSE VALLE
82 Street Address (P.O. Box Number is Not Acceptable):
83: 3200 PONCE DE LEON BLVD., 2ND FLOOR
84 City: CORAL GABLES, FL 33134 — 85 Zip Code: FL

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: X — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandated) — DATE: 2/10/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PS | 11 TITLE | ☒ Change ☐ Addition |
| NAME | VALLE, JOSE | 12 NAME | |
| STREET ADDRESS | ~~2735 PONCE DE LEON BLVD.~~ | 13 STREET ADDRESS | 3200 PONCE DE LEON BLVD., 2ND FLOOR |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 14 CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 added by this attachment with an address.

**SIGNATURE:** X — 2/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone Number #
JOSE VALLE

0137920 CR