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 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96096 (6)

1. Corporation Name
SEQUOIA LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
8018 S.W. 72 STREET SUITE F-136 MIAMI FL 33173	8018 S.W. 72 STREET SUITE F-136 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1988
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2793521 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
ONE CENTRUST FINANCIAL CENTER
100 SOUTHEAST 2ND STREET, #3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
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	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BLOMBERG, NORMAN	1.2 NAME	Blomberg, Norman
STREET ADDRESS	2390 W PICO BLVD.	1.3 STREET ADDRESS	6205 SW Kendale Lakes Circle F-178
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	Miami, Fla 33183
TITLE	VD	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	SIGEL, PHILIP	2.2 NAME	Sigel, Philip
STREET ADDRESS	100 SE 2ND ST. #3600	2.3 STREET ADDRESS	6205 SW Kendale Lakes Circle F-178
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fla 33183
TITLE	SDT	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	BLOMBERG, SHERYL	3.2 NAME	Schey, Sheryl
STREET ADDRESS	2390 W. PICO BLVD.	3.3 STREET ADDRESS	6205 SW Kendale Lakes Circle F-178
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	Miami, Fla 33183
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: X Philip Sigel
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187878 CP