FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12808 (4)

1. Corporation Name

DORAL RYDER OPEN FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 522927 MIAMI FL 33152 US	PO BOX 522927 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2666056 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 4400 N.W. 87 AVE.
Suite, Apt. #, etc. (22):
City & State (23): MIAMI, FL
Zip (24): 33178 Country (25): USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORDES, H. RONALD
DORAL-RYDER OPEN FOUNDATION INC
4400 N.W. 87TH AVE.
MIAMI FL 33178

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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CORDES, H. RONALD	1.2 NAME		
STREET ADDRESS	6740 SW 144TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DAVIES, ROBERT N.	2.2 NAME	WENDELL R. BEARD	
STREET ADDRESS	184 WASHINGTON AVENUE	2.3 STREET ADDRESS	16903 S.W. 79th PLACE	
CITY-ST-ZIP	CHATHAM NJ	2.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KASKEL, WILLIAM L.	3.2 NAME	LEIGH M. LIVESAY	
STREET ADDRESS	5881 SW 105TH STREET	3.3 STREET ADDRESS	9722 S.W. 64th PLACE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BEARD, WENDELL R	4.2 NAME	ROSS ROADMAN	
STREET ADDRESS	16903 SW 79TH PLACE	4.3 STREET ADDRESS	6455 CASTANEDA ST.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Ronald Cordes 4/19/95 305 477 4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043870