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 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34639 (7)

1. Corporation Name

PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.

Principal Place of Business	Mailing Address
14301 SW 92 AVE MIAMI FL 33176	14301 SW 92 AVE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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
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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

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

9. Name and Address of Current Registered Agent

SAMEN, CHARLES C.
14301 SW 92 AVE
MIAMI FL 33176

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	PD	☒ Change ☐ Addition
NAME	GAGE, BILL	1.2 NAME	HAGOPIAN, JACK H.	
STREET ADDRESS	13500 NORTH KENDALL DRIVE SUITE 100	1.3 STREET ADDRESS	99353 OVERSEAS HWY	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	HAGOPIAN, JACK H.	2.2 NAME	SAMEN, CHARLES C.	
STREET ADDRESS	99353 OVERSEAS HWY	2.3 STREET ADDRESS	14301 S.W. 92 AVE	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	CARRAZANA, OSCAR	3.2 NAME	OSCAR CARRAZANA	
STREET ADDRESS	6039 COLLINS AVE 1430	3.3 STREET ADDRESS	6039 COLLINS AVE PH27	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VD	4.1 TITLE	VPD	☐ Change ☐ Addition
NAME	JOSEPH, TITLEMAN	4.2 NAME	JOSEPH TITLEMAN	
STREET ADDRESS	1093 N E 210TH TERRACE	4.3 STREET ADDRESS	1093 NE 210TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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: Oscar A. Carrazana OSCAR A. CARRAZANA-TREASURER- 2/25/95 (305) 866-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044820