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

RECEIVED AND FILED

DOCUMENT # **N94000004556 (6)**

1. Corporate Name

MISS HAITI INTERNATIONAL, INC.

MAY 11 PM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
14114 S.W. 93RD ~~PLACE~~ LANE MIAMI FL 33186	14114 S.W. 93RD ~~PLACE~~ LANE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1994** | 3a. Date of Last Report:

4. FEI Number: **65-0522590** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANIEL, RODNE 14114 S.W. 93RD ~~PLACE~~ LANE MIAMI FL 33186	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ (Signature, Typed or Printed Name of Registered Agent and the Applicable Capacity) (If Other Than Registered Agent, Signature of Corporate Officer or Director) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	DANIEL, RODNE	12 NAME	
STREET ADDRESS	14114 S.W. 93RD ~~PLACE~~ LANE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DOANE, JOHN	22 NAME	
STREET ADDRESS	13253 S.W. 112TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MEVS, ISABELLE	32 NAME	
STREET ADDRESS	12285 S.W. 151ST ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	34 CITY ST ZIP	
TITLE		41 TITLE D	☐ Change ☒ Addition
NAME		42 NAME Marie C. Mode	
STREET ADDRESS		43 STREET ADDRESS 14114 SW 93 Lane	
CITY ST ZIP		44 CITY ST ZIP Miami, FL 33186	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Rodné Daniel — MAY 2nd 95 — (305) 388 9298

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

0045196

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
MAY
FLORIDA

8:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N94000005768 (6)**

1. Entity Name

ALHAMBRA TOWNHOMES, II HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1215 CAPITAL CIRCLE SE TALLAHASSEE FL 32301	1215 CAPITAL CIRCLE SE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1994**

3a. Date of Last Report:

4. FEI Number: Applied For ☐ Not Applicable ☑

2. Principal Place of Business	2a. Mailing Address
21 138 STEARNS ST	26 P O BOX 52
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 GULF BREEZE FL	27 GULF BREEZE FL
City & State	City & State
23	28
Zip: 24 32561 County: 25 SANTA ROSA	Zip: 29 32562 County: 30 SANTA ROSA

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	10. Name and Address of New Registered Agent
NELSON, TERRY C 1215 CAPITAL CIRCLE, SE TALLAHASSEE FL 32301	81 Name: HELEN R PINNELL 82 Street Address (P.O. Box Number is Not Acceptable): 138 STEARNS ST 83 84 City: GULF BREEZE FL 85 Zip Code: 32561

11. Pursuant to the provisions of Sections 607.0501 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: Helen R Pinnell (HELEN R PINNELL) May 16, 1995
(Typed or printed name of person signing) (Title) (Registered Agent signature required when reinstated) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	NELSON, TERRY C	12 NAME	HELEN R. PINNELL	
STREET ADDRESS	1215 CAPITAL CIRCLE, SE	13 STREET ADDRESS	138 STEARNS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DV	21 TITLE	DV	☑ Change ☐ Addition
NAME	WALDEN, MITCHELL E	22 NAME	JOCELYN HENDERSON	
STREET ADDRESS	1215 CAPITAL CIRCLE, SE	23 STREET ADDRESS	132 STEARNS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DST	31 TITLE	DST	☑ Change ☐ Addition
NAME	NELSON, TERRY C	32 NAME	KEITH MANN	
STREET ADDRESS	1215 CAPITAL CIRCLE, SE	33 STREET ADDRESS	140 STEARNS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	34 CITY-ST-ZIP	GULF BREEZE FL 32561	
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 the 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: Helen R Pinnell 5-16-95 904-934 9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0002066