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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P92000007742 (9)

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
3000 CORAL WAY, INC.

Principal Place of Business	Mailing Address
905 CRANDON BLVD. KEY BISCAYNE FL 33149	P.O. BOX 491377 KEY BISCAYNE FL 33149-1377

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/01/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 927 Crandon Blvd.	26 927 Crandon Blvd.	65-0371374	Applied For / Not Applicable
Suite, Apt. #, etc. 22 # 14	Suite, Apt. #, etc. 27 # 14	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 Key Biscayne, Fl.	City & State 28 Key Biscayne, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33149 / 25 Dade	Zip / Country 29 33149 / 30 Dade	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
DE LA FUENTE, MANUEL JR 905 CRANDON BLVD. KEY BISCAYNE FL 33149	81 Name: Manuel De La Fuente, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 927 Crandon Blvd. #14 83 84 City: Key Biscayne FL 85 Zip Code: 33149

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 _____ (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	DE LA FUENTE, MANUEL JR	12 NAME	DE LA FUENTE, MANUEL JR
STREET ADDRESS	905 CRANDON BLVD.	13 STREET ADDRESS	927 CRANDON BLVD. #14
CITY ST ZIP	KEY BISCAYNE FL 33149	14 CITY ST ZIP	KEY BISCAYNE FL 33149
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 on an attachment with an address.

SIGNATURE: Manuel De La Fuente 7/28/95 576-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161842 CP