

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012792 (6)

1. Corporation Name

KINGSTON SQUARE CORPORATION

Principal Place of Business

Mailing Address

C/O RIDOBIL FLORIDA, INC.
~~8750 NW 36TH AVE #600~~
MIAMI FL 33178
US

C/O RIDOBIL FLORIDA, INC.
~~3750 NW 87TH AVE #600~~
MIAMI FL 33178
US



2. Principal Place of Business
21 C/O RIDOBIL FLORIDA, INC.
8750 N.W. 36 STREET

2a. Mailing Address
26 C/O RIDOBIL FLORIDA, INC.
8750 N.W. 36 STREET

22 Suite, Apt. #, etc.
SUITE 200

27 Suite, Apt. #, etc.
SUITE 200

23 City & State
MIAMI, FLORIDA

28 City & State
MIAMI, FLORIDA

24 Zip
33178

25 Country
USA

29 Zip
33178

30 Country
USA

9. Name and Address of Current Registered Agent

RIDOBIL FLORIDA INC
3750 NW 87TH AVENUE
STE 600
MIAMI FL 33178

3. Date Incorporated or Qualified

03/02/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0391020

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 s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
RIDOBIL FLORIDA, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

8750 N.W. 36 STREET

83 SUITE 200

84 City
MIAMI

85 FL

Zip Code
33178

11. Pursuant to the provisions of Sections 607.0505 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 fiscal agent

(If the Registered Agent Signature is typed or printed, then must sign)

MARCH 25, 1996

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
D DAVIDSON, FERGUS M JR
STREET ADDRESS
~~8750 NW 36TH AVE #600~~
CITY- ST- ZIP
~~MIAMI FL~~

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME
D DAVIDSON, FERGUS M. JR.
12 STREET ADDRESS
8750 N.W. 36 STREET SUITE 200
14 CITY- ST- ZIP
MIAMI, FLORIDA 33178

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 25, 1996

(305)592-5999

Date

Daytime Phone #

CP2E034 (12/95)