FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # P93000018343 (2)

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
BUXTON REALTY & APPRAISAL CO.

Principal Place of Business
4800 SW 64 AVE.
SUITE 105A
DAVIE FL 33314

Mailing Address
4800 SW 64 AVE.
SUITE 105A
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0400827 — 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

9. Name and Address of Current Registered Agent

CRUZ, SANTIAGO
4800 SOUTH 64TH AVENUE #105A
SUITE 105A
DAVIE FL 33314

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CRUZ, SANTIAGO
STREET ADDRESS	2011 N. 61ST TERRACE
CITY, ST, ZIP	HOLLYWOOD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-L)

1. TITLE — ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE — ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE — ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE — ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE — ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE — ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemptions 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 is made and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this 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 of changes to an attachment with an address.

SIGNATURE: [signature] 5/5/95 305-791-4673

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0222954 CP