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
95 MAY -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018399 (4)

1. Corporation Name
AMBRICOURT MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
~~MICHAEL STEVEN GREEN, ESQ~~ ~~201 S BISCAYNE BLVD.~~ MIAMI FL 33131 ~~US~~	~~MICHAEL STEVEN GREEN, ESQ~~ ~~201 S BISCAYNE BLVD.~~ MIAMI FL 33131 ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Michael Steven Greene, Esq	26 c/o Michael Steven Greene, Esq
Suite, Apt. #, etc 22 201 S. Biscayne Blvd., #900	Suite, Apt. #, etc 27 201 S. Biscayne Blvd., #900
City & State 23	City & State 28
Zip / 24 / Country / 25 USA	Zip / 29 / Country / 30 USA

4. FEI Number: 65-0392238 ☐ 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

GREENE, MICHAEL S
201 S BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131

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, type or print name of registered agent and date if applicable) (If filing Registered Agent signature required at the beginning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	PARAJON, LUIS	12 NAME	200001513412
STREET ADDRESS	1221 BRICKELL AVE, SUITE 1800	13 STREET ADDRESS	-06/15/95--01025--006
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	****200.00 ****200.00
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	DOWNING, WILLIAM	22 NAME	200001513412
STREET ADDRESS	1221 BRICKELL AVE SUITE 1800	23 STREET ADDRESS	-06/15/95--01025--007
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	*******8.75 *******8.75
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	

$1,125.00

REMITTED BY MAY 1

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: Luis Parajon, dir — 4/4/95 — (305) 372-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Luis Parajon, President/Director

0128482 CP