

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

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AND
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95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Division of CORPORATIONS

DOCUMENT # **P93000034237 (6)**

To: Corporation Name:

2828 CORAL WAY BUILDING, INC.

Principal Place of Business:

**2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134
US**

Mailing Address:

**2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134
US**

Do not write in this space

3. Date Incorporation or Qualification

05/12/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0412731

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 not filed the information required by Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

State, Apt. # etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

State, Apt. # etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOGGIO, LLOYD
2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(3)(b), 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 Sections 607.01(2)(b), Florida Statutes.

SIGNATURE

By _____, Registered Agent or authorized officer of the corporation.

By _____, Registered Agent or authorized officer of the corporation.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BOGGIO, LLOYD J MR
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH2
CITY & STATE	CORAL GABLES FL
TITLE	D
NAME	MARCUS, STEWART MR
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH 2
CITY & STATE	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information reported on this form is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information is not required to be reported on any subsequent annual report to the Secretary of State and that my signature shall have the same legal effect as if made on oath. That I am an officer or director of the corporation or the registered agent or authorized officer of the corporation for the purpose of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. I have read and understand the attachment with an affidavit.

SIGNATURE:

SIGNATURE TYPE IN PRINT OR NAME OF DIRECTOR OR REGISTERED AGENT

Lloyd J. Boggio 4/20/ 95 (305)441-8188