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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # P93000048996 (1)

1. Corporate Name
KEROST VII, INC.

Principal Place of Business
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

Mailing Address
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1993
3a. Date of Last Report: 03/31/1994

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

4. FEI Number: ~~22-1039750~~ 65-0427952 — 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 XX FEIN ☐ FILES UNDER FEIN #22-1039750

9. Name and Address of Current Registered Agent
BRAFMAN, HOWARD J
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DVPS	1 TITLE	☐ Change ☐ Addition
NAME	BRAFMAN, HOWARD J	2 NAME	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	3 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	4 CITY ST ZIP	
TITLE	CDP	5 TITLE	☐ Change ☐ Addition
NAME	KISLAK, JAY I	6 NAME	
STREET ADDRESS	C/O 7900 MIAMI LAKES DRIVE WEST	7 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	8 CITY ST ZIP	
TITLE	C	9 TITLE	☐ Change ☐ Addition
NAME	OTTO, DEBRA C	10 NAME	
STREET ADDRESS	C/O 7900 MIAMI LAKES DRIVE WEST	11 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	12 CITY ST ZIP	
TITLE	AVP	13 TITLE	☐ Change ☐ Addition
NAME	FENELLO, CAROL A	14 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	15 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	16 CITY ST ZIP	
TITLE	T	17 TITLE	☐ Change ☐ Addition
NAME	FLEISCHMAN, DAVID H	18 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	19 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	20 CITY ST ZIP	
TITLE	VPAS	21 TITLE	☐ Change ☐ Addition
NAME	MACQUEEN, JAMES H	22 NAME	
STREET ADDRESS	7900 MIAMI LAKES DR W	23 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD J. BRAFMAN, VICE PRESIDENT

April 21, 1995 (305) 364-4213
Daytime Phone

0007624 CP