

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$215 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000049941 (6)

1. Corporation Name

SHOWPLACE OF KENDALL, INC.

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD
101
MIAMI FL 33137
US

3050 BISCAYNE BLVD
101
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0420746

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDSTONE, RONALD R
2601 S BAYSHORE DR
SUITE 1600
MIAMI FL 33133

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DCPT~~
NAME ~~LAW, IAN R~~
STREET ADDRESS ~~4844 N W 84 DORAL PLACE~~
CITY - ST - ZIP ~~MIAMI FL~~

11 TITLE ~~D/P~~ ☒ Change ☐ Addition
12 NAME ~~Dr. Reza Goltkar~~
13 STREET ADDRESS ~~7010 Mira Flores~~
14 CITY - ST - ZIP ~~Coral Gables, FL 33143~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ~~D~~
22 NAME ~~Ronnie Fieldstone~~
23 STREET ADDRESS ~~200 S. Biscayne Blvd #2100~~
24 CITY - ST - ZIP ~~Miami, FL 33131~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ~~V~~ ☐ Change ☒ Addition
32 NAME ~~Mr. Leo Goughan~~
33 STREET ADDRESS ~~475 Biltmore way #308~~
34 CITY - ST - ZIP ~~Coral Gables, FL 33134~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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

DATE

Signature (Typed)