CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057374 (9)**

1. Corporation Name

RESORT PARTNERS I, INC.

Principal Place of Business	Mailing Address
3250 MARY ST. 5TH FLOOR COCONUT GROVE FL 33133	3250 MARY ST. 5TH FLOOR COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/13/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0442912** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS INC.
2601 S. BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: DOUGLAS WEISER
82 Street Address (P.O. Box Number is Not Acceptable): 3250 MARY STREET, SUITE 500
83
84 City: MIAMI FL 85 Zip Code: 33133

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 _____ DOUGLAS WEISER
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	WEISER, DOUGLAS	12 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	13 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	C	☐ Change ☒ Addition
NAME	WEISER, SHERWOOD M	22 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	23 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LEFTON, DONALD	32 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	33 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	ST	☐ Change ☒ Addition
NAME	SIBLEY, PETER L	42 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TEMLING, W. PETER	52 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	53 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HEWITT, THOMAS F	62 NAME		
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	63 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 33133	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 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: _____ DOUGLAS WEISER, PRESIDENT (305) 445-2493
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Title Daytime Phone #

0134900 CP