SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000064708 (9)**

1. Corporation Name
CRUMAR DEVELOPERS, INC.

Principal Place of Business	Mailing Address
360 OCEAN BLVD GOLDEN BEACH FL 33160	360 OCEAN BLVD GOLDEN BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1993**
3a. Date of Last Report: **08/02/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0506774** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Treasurer ... Fund Candidate ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, CRUZ
360 OCEAN BLVD
GOLDEN BEACH FL 33160

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Additions, Deletions, Changes	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, CRUZ	12 NAME	
STREET ADDRESS	360 OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MEDEROS, GIL	22 NAME	
STREET ADDRESS	164 SOUTH ISLAND	23 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MEDEROS, MARIO	32 NAME	
STREET ADDRESS	164 SOUTH ISLAND	33 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	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	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the 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: Cruz R. Rodriguez 7/17/95 (305) 932-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063530 CP