## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELOBIDA DEPARTMENT DE STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064850 (9)

CORNERSTONE POMPANO, INC.

Block 12 or Block 13 if changed, or on an atta

SIGNATURE:

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. SUITE 650 SUITE 650 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 09/10/1993 Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 21.71 65-0456149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired WITHIOU Fee Required \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WOLFE, LEON J ESQ 100 SE 2ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) 38TH FLOOR 83 MIAMI FL 33131 City 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, typed or printed name of regestered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE MEYERS, STUART I 1.2 NAME NAME 2121 PONCE DE LEON BLVD PENTHOUSE SUITE 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition DVAS 2.1 TITLE TITLE LOPEZ, JORGE 2.2 NAME NAME 2121 PONCE DE LEON BLVD PENTHOUSE SUITE STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TOTLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP DELFTE Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is frue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an rustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplementa officer or director of the corporation or the receivers.

ORGE LODEZ 3