FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG 10 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000019501 (3)

1. Corporation Name
MYSTIC POINT CONCIERGE SERVICES, INC.

Principal Place of Business	Mailing Address
16649 NORTHEAST 19 AVENUE NORTH MIAMI BEACH FL 33162	16649 NORTHEAST 19 AVENUE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3570-B Mystic Pt. Dr.
22: Suite, Apt. #, etc.
23: City & State: Aventura FL
24: Zip: 33180
25: Country: US

2a. Mailing Address
26: 17064 W. Dixie Hwy
27: Suite, Apt. #, etc.
28: City & State: No. Miami Beach
29: Zip: 33160
30: Country: US

4. FEI Number: 65-0474121 ☐ 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

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MARTIN H. ALMAN
82 Street Address (P.O. Box Number is Not Acceptable): 17064 W. Dixie Hwy
83:
84 City: No. Miami Beach FL 85 Zip Code: 33160-3743

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] 8/4/95
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	V VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	FECCI, ROBERT	12 NAME	FECCI, ROBERT	
STREET ADDRESS	16649 NORTHEAST 19 AVENUE	13 STREET ADDRESS	3570-B Mystic Pt. Dr.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	14 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	P/S	21 TITLE		☐ Change ☐ Addition
NAME	RUSSO, LINDA	22 NAME		
STREET ADDRESS	3570-B MYSTIC PT. DR.	23 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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		

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: [signature] LINDA RUSSO 8/4/95 305-936-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170160 CP