FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000034697 (0)

1. Corporation Name
CORAL REEF RANCH, INC.

Principal Place of Business
24550 SW 183 AVE.
#308
HOMESTEAD FL 33031
US

Mailing Address
1662 LINCOLN ST.
#308
MIAMI BEACH FL 33137
US

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 24550 SW 183 AVE
Suite, Apt. #, etc.
22
City & State
23 Homestead, FL
Zip 24 33031 Country 25 US

2a. Mailing Address
26 PO Box 924151
Suite, Apt. #, etc.
27
City & State
28 Homestead, FL
Zip 29 33092 Country 30 US

4. FEI Number: 65-0489150 — 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
SPRUNG, JULIAN
1662 LINCOLN COURT
#308
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: KEVIN GAINES
82 Street Address (P.O. Box Number is Not Acceptable): 21462 SW 91st Ave
83
84 City: Miami FL 85 Zip Code: 33189

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: KEG KEVIN E GAINES PRESIDENT 4/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SPRING, JULIAN	
STREET ADDRESS	1662 LINCOLN COURT #308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
1.2 NAME	JULIAN SPRUNG	
1.3 STREET ADDRESS	1662 Lincoln Ct #308	
1.4 CITY-ST-ZIP	Miami Bch, FL 33139	
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	KEVIN GAINES	
2.3 STREET ADDRESS	21462 SW 91st Ave	
2.4 CITY-ST-ZIP	Miami, FL 33189	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001847881	☐ Change ☐ Addition
5.2 NAME	-06/03/96--01035--004	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: KEG KEVIN E GAINES PRESIDENT 4/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
305-256-9268