

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

5 MAY 22 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2000015009012
-05/30/95-01013-014
***3700.00 ***225.00
(DO NOT WRITE IN THIS SPACE)

DOCUMENT # P94000037926 (0)

1. Corporation Name

SUNCOAST V NO. 1, INC.

Principal Place of Business

1001 SOUTH BAYSHORE DR.
SUITE 1808
MIAMI FL 33131

Mailing Address

1001 SOUTH BAYSHORE DR.
SUITE 1808
MIAMI FL 33131

2. Principal Office Address

21. c/o Oppenheim & Associates

3191 Coral Way

Suite Apt # of

22. Suite 800

City & State

23. Miami, FL

Zip

24. 33145

2a. Mailing Address

26. c/o Oppenheim & Associates

3191 Coral Way

Suite Apt # of

27. Suite 800

City & State

28. Miami, FL

Zip

29. 33145

3. Date of Incorporation or Qualified

05/16/1994

4. FLE Number

65-0506568

5. Certificate of Status Desired

6. Election Campaigns Financing

Trust Fund Contribution

7. Have corporation made within one month after service of 1995 report

Florida Statutes

3a. Date of Last Report

Applied For

Not Applicable

8.75 Additional

Fee Required

5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

11. Payment to the Secretary of Sections 602.09(2) and 602.10(1) Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office

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

thereby accepting the obligations of Section 602.09(2) Florida Statutes.

SIGNATURE: *Steven P. Oppenheim* Steven P. Oppenheim

5/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME

D/P/T

2. NAME

Camoletto, Sergio

3. STREET ADDRESS

3191 Coral Way, Suite 800

4. CITY & STATE

Miami, FL 33145

5. NAME

D/VP/S

6. NAME

Riva, Roberto

7. STREET ADDRESS

3191 Coral Way, Suite 800

8. CITY & STATE

Miami, FL 33145

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

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25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in the filing. I am a duly qualified officer or director of the corporation and I am authorized to execute this filing. I am aware of the provisions of the revised Florida Statutes and that my duties as registered agent are set forth in the Florida Statutes. I am aware of the provisions of the revised Florida Statutes and that my duties as registered agent are set forth in the Florida Statutes.

SIGNATURE:

Roberto Riva, Vice President 5/19/95 305-867-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR