

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 22 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000037971 (6)

1. Corporation Name

SUNCOAST SOUTH NO. 2, INC.

Principal Place of Business

1001 SOUTH BAYSHORE DRIVE
SUITE 1808
MIAMI FL 33131

Mailing Address

1001 SOUTH BAYSHORE DRIVE
SUITE 1808
MIAMI FL 33131

4000001500854

05/30/95--01018--014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

2. Principal Place of Business

c/o Oppenheim & Associates
3191 Coral Way

2a. Mailing Address

c/o Oppenheim & Associates
3191 Coral Way

4. FEI Number

65-0506557

Applied For

Not Applicable

22 Suite 800

27 Suite 800

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33145

25 USA

29 33145

30 USA

6. This corporation has liability for information tax under 15-102 (2001)
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

OPPENHEIM, STEVEN P
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3191 Coral Way, Suite 800

83

84 Miami

FL

85 33145

11. Pursuant to the provisions of Chapters 607 and 608, and Part 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business 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
Signature of Steven P. Oppenheim Steven P. Oppenheim 5/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

NAME	D/P/T	☐ Change ☒ Addition
STREET ADDRESS	Camoletto, Sergio	
CITY	3191 Coral Way, Suite 800	
STATE	Miami, FL 33145	
NAME	D/VP/S	☐ Change ☒ Addition
STREET ADDRESS	Riva, Roberto	
CITY	3191 Coral Way, Suite 800	
STATE	Miami, FL 33145	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		
STATE		
ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 190.01(4)(b), Florida Statutes. I further certify that this information and the 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 of this document or in an attached form with an affidavit.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR