SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 11:38

DOCUMENT # P94000041295 (4)

1. Corporation Name

CCAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O 701 BRICKELL AVE., 18TH FLOOR MIAMI FL 33131	C/O 701 BRICKELL AVE., 18TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 18590 nw 67th AVE.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33015
25: Country:

2a. Mailing Address
26: 18590 NW 67th AVE.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33015
30: Country:

4. FEI Number: 65-0498924 ☐ 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

MADIGAN, TERRELL C
206 S. ADAMS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: TONY CARON
82 Street Address (P.O. Box Number is Not Acceptable): C/O GIBRALTAR BANK, FSB
83: 18590 NW 67th AVE.
84 City: MIAMI FL 85 Zip Code: 33015

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: Tony Caron / TONY CARON — DATE: 6/13/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, P	☒ Change ☐ Addition
NAME	CRUZ, LUIS M.D.	12 NAME	STEVEN D. HAYWORTH	
STREET ADDRESS	C/O 701 BRICKELL AVE., 18TH FLOOR	13 STREET ADDRESS	C/O 18590 NW 67th AVE.	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	21 TITLE	D, V	☒ Change ☐ Addition
NAME	INGRAM, CALVIN	22 NAME	PHILIP B. HOGUE	
STREET ADDRESS	C/O 701 BRICKELL AVE., 18TH FLOOR	23 STREET ADDRESS	C/O 18590 NW 67th AVE.	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	31 TITLE	S, T	☒ Change ☐ Addition
NAME	PAPY, CHARLES C III	32 NAME	DENISE HUTCHINSON	
STREET ADDRESS	C/O 701 BRICKELL AVE., 18TH FLOOR	33 STREET ADDRESS	C/O 18590 NW 67th AVE.	
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	MIAMI, FL 33015	
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		

CR2E034 (3/95)

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: Denise Hutchinson — 6/13/95 — (305) 556-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142849 FP