

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 # P94000050293 (7)

1. Corporation Name

COMMODORE WEST 105, INC.



Principal Place of Business

Mailing Address

~~8750 N.W. 87 AVE.~~
~~SUITE 600~~
MIAMI FL 33178

~~8750 N.W. 87 AVE.~~
~~SUITE 600~~
MIAMI FL 33178

2. Principal Place of Business

2a. Mailing Address

21 8750 N.W. 36 STREET

26 8750 N.W. 36 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33178

25 USA

29 33178

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0563130

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

10. Name and Address of New Registered Agent

DAVIDSON, FERGUS M JR
~~8750 N.W. 87 AVE.~~
~~SUITE 600~~
MIAMI FL 33178

81 Name DAVIDSON, FERGUS, M. JR

82 Street Address (P.O. Box Number is Not Acceptable).
8750 N.W. 36 STREET

83 SUITE 200

84 City MIAMI

FL

85 Zip Code
33178

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required for Filing)

MARCH 25, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D DAVIDSON, FERGUS M JR
STREET ADDRESS ~~8750 N.W. 87 AVE., SUITE 600~~
CITY- ST- ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME D DAVIDSON, FERGUS M SR
STREET ADDRESS ~~8750 N.W. 87 AVE., SUITE 600~~
CITY- ST- ZIP MIAMI FL 33178

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 ☐ Change ☐ Addition

NAME D DAVIDSON, FERGUS M. JR.
STREET ADDRESS 8750 N.W. 36 STREET SUITE 200
CITY- ST- ZIP MIAMI, FLORIDA 33178

2.1 TITLE ☐ Change ☐ Addition

NAME D DAVIDSON, FERGUS M. SR.
STREET ADDRESS 8750 N.W. 36 STREET SUITE 200
CITY- ST- ZIP MIAMI, FLORIDA 33178

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fergus M. Davidson, Jr.

MARCH 25, 1996

DATE

(305) 592-5999

DAYTIME PHONE #

CR2E034 (12/95)