FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 30 AM 9:36

DOCUMENT # **P94000052998 (9)**

1. Corporation Name
DORAL AT OLD CUTLER, INC.

Principal Place of Business	Mailing Address
3750 N.W. 87 AVE. SUITE 500 MIAMI FL 33178	3750 N.W. 87 AVE. SUITE 500 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 8405 SW 166st
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Miami Fl.
City & State — 28:
Zip — 24: 33157
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0508053 ☐ 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. The corporation has [illegible] for exemption for under S. 190.012 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KASKEL, WILLIAM L
3750 N.W. 87 AVE.
SUITE 500
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8405 SW 166st
84 City: Miami FL 85 Zip Code: 33157

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: [illegible] (Signature, type or print name of registered agent and the date) (If not, Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KASKEL, WILLIAM L	12 NAME	
STREET ADDRESS	3750 N.W. 87 AVE., SUITE 500	13 STREET ADDRESS	5881 SW 105st
CITY ST ZIP	MIAMI FL 33178	14 CITY ST ZIP	Miami Fl. 33156
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

14. I do hereby certify that the information supplied with this filing is currently transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), 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, added or deleted with an address.

SIGNATURE: [signature] William Kaskel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95 Date
305-254-6100 Daytime Phone #

0194000 CP