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

APPROVED AND FILED
95 MAY -1 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056695 (7)

1. Corporation Name
BOCA HAMPTON HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS DORSEY 17801 NW 2ND AVE. MIAMI FL 33169	C/O THOMAS DORSEY 17801 NW 2ND AVE. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Avenue	26 701 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 1300	Suite, Apt. #, etc. 27 Suite 1300
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131-2851 Country 25	Zip 29 33131-2851 Country 30

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:
4. FEI Number: 65-0514846 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: United Trust Fund, Inc. (James Q. Nolan)
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 1300
83
84 City: Miami FL 85 Zip Code: 33131

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] E.V. Pres 4/26/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 1 TITLE	☐ Change ☐ Addition
NAME	Domb, Sidney	1 2 NAME	
STREET ADDRESS	701 Brickell Avenue, Suite 1300	1 3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131-2851	1 4 CITY ST ZIP	
TITLE	Executive Vice President	2 1 TITLE	☐ Change ☐ Addition
NAME	Nolan, James Q.	2 2 NAME	
STREET ADDRESS	701 Brickell Avenue, Suite 1300	2 3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131-2851	2 4 CITY ST ZIP	
TITLE	Secretary/Treasurer	3 1 TITLE	☐ Change ☐ Addition
NAME	Berliner, Lillian	3 2 NAME	
STREET ADDRESS	701 Brickell Avenue, Suite 1300	3 3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131-2851	3 4 CITY ST ZIP	
TITLE	Vice President	4 1 TITLE	☐ Change ☐ Addition
NAME	Berliner, George	4 2 NAME	
STREET ADDRESS	701 Brickell Avenue, Suite 1300	4 3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131-2851	4 4 CITY ST ZIP	
TITLE	Senior Vice President	5 1 TITLE	☐ Change ☐ Addition
NAME	Berliner, Fred	5 2 NAME	
STREET ADDRESS	701 Brickell Avenue, Suite 1300	5 3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131-2851	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	DP 5/18 ☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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] 4-26-95 358-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0185280 CP