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 MAY -1 PM 2:05

DOCUMENT # P94000056701 (3)

1. Corporation Name

DEERFIELD DEVELOPMENT 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

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0514842 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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: E.V.P. 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	
TITLE	President
NAME	Domb, Sidney
STREET ADDRESS	701 Brickell Avenue, Suite 1300
CITY-ST-ZIP	Miami, FL 33131-2851
TITLE	Executive Vice President
NAME	Nolan, James Q.
STREET ADDRESS	701 Brickell Avenue, Suite 1300
CITY-ST-ZIP	Miami, FL 33131-2851
TITLE	Secretary/Treasurer
NAME	Berliner, Lillian
STREET ADDRESS	701 Brickell Avenue, Suite 1300
CITY-ST-ZIP	Miami, FL 33131-2851
TITLE	Vice President
NAME	Berliner, George
STREET ADDRESS	701 Brickell Avenue, Suite 1300
CITY-ST-ZIP	Miami, FL 33131-2851
TITLE	Senior Vice President
NAME	Berliner, Fred
STREET ADDRESS	701 Brickell Avenue, Suite 1300
CITY-ST-ZIP	Miami, FL 33131-2851
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: 4-26-95 358-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105200 CP