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**SECRETARY OF STATE
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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000061137 (3)
1. Corporation Name:
SUNCOAST CLASS B PARTNER, INC.

Previous Name of Corporation: _____
Mailing Address:
**1001 S. BAYSHORE DRIVE, SUITE 1808
MIAMI FL 33131**

2. Principal Office of Business: **C/O Oppenheim & Associates**
21. **3191 Coral Way**
Suite Apt # etc: **Suite 800**
22. **Miami, FL**
City & State: **Miami, FL**
23. **33145** 24. **USA**
25. **33145** 26. **USA**

3. Date Incorporated or Qualified: **08/18/1994**
3a. Date of Last Report: _____
4. FEI Number: _____ ☒ 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. 196(1)(b)
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
**FIELDSTONE, RONALD R
2601 S. BAYSHORE DR.
SUITE 1600
MIAMI FL 33133**

10. Name and Address of New Registered Agent:
81. Name: **Steven P. Oppenheim, Esq.**
82. Street Address (P.O. Box Number & Not Applicable):
3191 Coral Way, Suite 800
83. _____
84. City: **Miami** 85. State: **FL** 86. Zip: **33145**

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.15(1)(b), 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 agree with the provisions of Sections 607.02(2)(b) and 607.15(1)(b), Florida Statutes.

SIGNATURE: *Steven P. Oppenheim* **Steven P. Oppenheim** **5/19/95**

12. OFFICERS AND DIRECTORS

NAME	D RIVA, ROBERTA
STREET ADDRESS	1001 S. BAYSHORE DRIVE, SUITE 1808
CITY & STATE	MIAMI FL 33131
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

NAME	D/P/S/T Riva, Roberto	☒ Change ☐ Addition
STREET ADDRESS	3191 Coral Way, Suite 800	
CITY & STATE	Miami, FL 33145	
NAME	VP	☐ Change ☒ Addition
STREET ADDRESS	Paraud, Felipe	
CITY & STATE	3191 Coral Way, Suite 800	
NAME	Miami, FL 33145	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
NAME		
STREET ADDRESS		
CITY & STATE		
NAME		
STREET ADDRESS		
CITY & STATE		
NAME		
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given truthfully for the information stated in Sections 131.02(2)(b) and 131.02(2)(c), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and as stated 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 and that the name or names empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an officer or director with an address:

SIGNATURE: *Roberto Riva* **Roberto Riva, President** **5/19/95** **305-867-9100**