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

MAY -1 AM 11:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070753 (6)

1. Corporate Name
KEYSTONE INDUSTRIAL SUPPLY, INC.

Principal Place of Business	Mailing Address
5942 NW 71 TERRACE PARKLAND FL 33067	5942 NW 71 TERRACE PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0523926 ☐ 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 is subject to chapter 617, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

MAZZONI, DONNA M
5942 NW 71 TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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(S) [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12 TITLE: D 13 NAME: MAZZONI, DONNA M 14 STREET ADDRESS: 5942 NW 71 TERRACE 15 CITY-ST-ZIP: PARKLAND FL 33067	11 TITLE: D/P/S/T ☒ Change ☐ Addition
16 TITLE / 17 NAME / 18 STREET ADDRESS / 19 CITY-ST-ZIP	☐ Change ☐ Addition
20 TITLE / 21 NAME / 22 STREET ADDRESS / 23 CITY-ST-ZIP	☐ Change ☐ Addition
24 TITLE / 25 NAME / 26 STREET ADDRESS / 27 CITY-ST-ZIP	☐ Change ☐ Addition
28 TITLE / 29 NAME / 30 STREET ADDRESS / 31 CITY-ST-ZIP	☐ Change ☐ Addition
32 TITLE / 33 NAME / 34 STREET ADDRESS / 35 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1 or Block 11 above, or on an attachment with an address.

SIGNATURE: X Donna M. Mazzoni
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
DONNA M. MAZZONI

X 4/29/95 (Date)

800-562-7093 (Daytime Phone #)

0110485 CP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **P94000071261 (9)**

1. Corporation Name

CORNERSTONE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O THE CORNERSTONE GROUP 2121 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33154	C/O THE CORNERSTONE GROUP 2121 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / County 30

4. FEI Number: 65-0538575 ☐ 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

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE 2ND ST 38TH FLOOR
MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCUS, STEWART
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650
CITY-ST-ZIP	CORAL GABLES FL 33154
TITLE	D
NAME	BOGGIO, LLOYD
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650
CITY-ST-ZIP	CORAL GABLES FL 33154
TITLE	D
NAME	MEYERS, STUART I
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650
CITY-ST-ZIP	CORAL GABLES FL 33154
TITLE	D
NAME	LOPEZ, JORGE
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650
CITY-ST-ZIP	CORAL GABLES FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ 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)(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, or on an attachment with an address.

SIGNATURE: Lloyd J. Boggio 4/27/95 (305) 441-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0138878 CP