FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAR -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076454 (5)

1. DARING CORPORATION

201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131

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SUITE 900
MIAMI FL 33131

3. Date Incorporated or Qualified: 10/18/1994

3a. Date of Last Report:

2. Florida Profit Number: 21

2a. Mergers Affected: 26

4. FEI Number: 65-0526937 — Applied For / Not Applicable

Date Applied: 22

Date Applied: 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City, State: 23

City, State: 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 Country: 25 USA

Zip: 29 Country: 30 USA

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, MICHAEL S
201 SOUTH BISCAYNE BLVD.
SUITE 900
MIAMI FL 33131

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 Section 607.0505, 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: Registered Agent (required if a new registered agent) DATE

12. OFFICERS AND DIRECTORS

D
GREENE, MICHAEL S
201 SOUTH BISCAYNE BLVD., SUITE 900
MIAMI FL 33131

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 hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors, as shown by the records of the corporation.

SIGNATURE:

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Steven Greene

March 2, 1995 (305) 358-5000
DATE PHONE

0120300 CP