SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080426 (7)

1. Corporation Name
CORAL WAY PARTNERS, INC.

Principal Place of Business	Mailing Address
2151 LE JEUNE RD SUITE 309-A CORAL GABLES FL 33134	2151 LE JEUNE RD SUITE 309-A CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8220 SW 52 AVE	26 8220 SW 52 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: 33143 25 Country: USA	29 Zip: 33143 30 Country: USA

4. FEI Number: 650534829 ☐ 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
PAIGE, ROBERT E ESQ 2151 LE JEUNE RD SUITE 309-A CORAL GABLES FL 33134	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	COLSKY, ARTHUR S	1.2 NAME	COLSKY, ARTHUR S.	
STREET ADDRESS	~~2151 LEJEUNE RD SUITE 309-A~~	1.3 STREET ADDRESS	8220 S.W. 52 Ave.	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE		2.1 TITLE	D	☐ Change ☒ Addition
NAME		2.2 NAME	COLSKY, ANDREW B.	
STREET ADDRESS		2.3 STREET ADDRESS	8220 S.W. 52 Ave	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	COLSKY-DZER, LIANE	
STREET ADDRESS		3.3 STREET ADDRESS	8220 SW 52 Ave	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	COLSKY, OSCAR	
STREET ADDRESS		4.3 STREET ADDRESS	8220 SW 52 AVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Arthur S. Colsky 7/3/95 (305)-665-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARTHUR S. COLSKY

0040418 CP