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

95 APR 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084395 (0)

1. Corporate Name

PORT EVERGLADES #84 II, INC.

Principal Place of Business
8675 NW 53RD ST
SUITE 109
MIAMI FL 33166

Mailing Address
8675 NW 53RD ST
SUITE 109
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994

3a. Date of Last Report: N/A

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 Ch. 199 F.S. Florida Statutes: ☐ Yes ✓ No

9. Name and Address of Current Registered Agent

RAMIREZ, FRED
10041 PINES BLVD
SUITE C
PEMBROKE PINES FL 33024

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 607.0402 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMIREZ, FREDERICK J
STREET ADDRESS	10041 PINES BLVD SUITE C
CITY, ST, ZIP	PEMBROKE PINES FL 33024

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ✓ Addition

TITLE	PSTD
NAME	MAXIMO ALVAREZ
STREET ADDRESS	4834 N.W. 94 PLACE
CITY, ST, ZIP	MIAMI FL. 33178

14. I hereby certify that the information supplied with this report is validly authorized and has not expired, for the corporation named in Section 607.0120, Florida Statutes. I further certify that the corporation has filed the annual report of corporations annual report or has provided a copy of that report with this report as required by Chapter 607, Florida Statutes, and that my name appears on that report. I am familiar with the laws of the State of Florida.

SIGNATURE: Maximo Alvarez — 3-31-95 — 305-477-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAXIMO ALVAREZ

0181471 CP