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 MAY -1 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090572 (6)**

1. Corporation Name
CORNERSTONE MARKET COMMUNITIES, INC.

Principal Place of Business	Mailing Address
C/O BERMAN WOLFE & RENNERT, P.A.C 100 SE SECOND ST35TH FLOOR MIAMI FL 33131-2130	C/O BERMAN WOLFE & RENNERT, P.A.C 100 SE SECOND ST35TH FLOOR MIAMI FL 33131-2130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2121 PONCE DE LEON BLVD	26 2121 PONCE DE LEON BLVD
Suite, Apt. #, etc. 22 SUITE 650	Suite, Apt. #, etc. 27 SUITE 650
City & State 23 CORAL GABLES	City & State 28 CORAL GABLES
Zip / Country 24 33134 / 25 DADE	Zip / Country 29 33134 / 30 DADE

4. FEI Number: APPLIED FOR ☐ 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.C
100 SE SECOND ST35TH 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
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	11 TITLE	☐ Change ☐ Addition
NAME	MEYERS, STUART I	12 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 600	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MARCUS, STEWART	22 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 600	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOGGIO, LLOYD	32 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD PENTHOUSE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, JORGE	42 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 600	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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 added on an attachment with an address.

SIGNATURE: _____ 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(427)50 FP