


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

93 MAY -1 AM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P94000092034 (5) 1. Corporation Name CORNERSTONE TWO ISLANDS, INC. | | |

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| Principal Place of Business C/O BERMAN WOLFE & RENNERT, P.A. 100 SE 2ND ST MIAMI FL 33131-2130 | Mailing Address C/O BERMAN WOLFE & RENNERT, P.A. 100 SE 2ND ST MIAMI FL 33131-2130 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 12/21/1994 | 3a. Date of Last Report |
|--|-------------------------|

| | | | |
|---|--|--|---------------------------------------|
| 2. Principal Place of Business 21 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 22 SUITE 650 City & State 23 CORAL GABLES Zip 24 33134 | 2a. Mailing Address 26 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 27 SUITE 650 City & State 28 CORAL GABLES Zip 29 33134 | 4. FEI Number 65-0545851 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent WOLFE, LEON J. 3500 International Place 100 S.E. 2nd Street Miami, FL 33131-2130 | | | | 10. Name and Address of New Registered Agent | | | |
| B1 Name | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| B3 | | | | B4 City | | | |
| | | | | FL | | B5 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERS, STUART I | 12 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD SUITE 650 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | 14 CITY - ST - ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCUS, STEWART I | 22 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD SUITE 650 | 23 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, supplemental annual report in truth 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 checked, or in an attachment with an address.

SIGNATURE:  DATE: **4/27/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR