

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040476 (0)

1. Corporation Name

WATERFORD CENTRE, INC.

Principal Place of Business

2600 DOUGLAS ROAD INC.
PH-5
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS ROAD INC.
PH-5
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0582694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2600 DOUGLAS ROAD

26 2600 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 505

27 SUITE 505

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Zip

Country

Country

24 33134

25 USA

29 33134

30 USA

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.
200 SOUTH BISCAYNE BLVD.
4750 S.E. BANK BLDG.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

SOUTH FLORIDA RESIDENT AGENTS, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BISCAYNE BLVD.

83

SUITE 4750

84

City

MIAMI

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Ronald A. Sharp, President 2/17/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

DP ROSALES, X E
2600 DOUGLAS ROAD SUITE PH-5
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DVS ROSALES, X. FRANCISCO
2600 DOUGLAS ROAD, PH-5
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PT LEVITT, STEVEN T.
2600 DOUGLAS ROAD, PH-5
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

X. FRANCISCO ROSALES

2/13/98

(305) 461-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0187448

CR2E034 (10/97)