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FILED

Mar 02 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 # P96000085517 (6)

1. Corporation Name

KINGS RIDGE RECREATION CORPORATION

Principal Place of Business

700 N.W. 107 AVENUE
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

APPLIED FOR 65-0718384

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J ESQ.
700 N.W. 107 AVENUE
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MILLER, LEONARD
700 N.W. 107 AVENUE
MIAMI FL 33172

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BOLOTIN, IRVING
700 N.W. 107 AVENUE
MIAMI FL 33172

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
COLE, ROBERT B
700 N.W. 107 AVENUE
MIAMI FL 33172

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PEKOR, ALLAN J
700 N.W. 107 AVENUE
MIAMI FL 33172

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MILLER, STUART A
700 N.W. 107 AVENUE
MIAMI FL 33172

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS
SANTAELLA, GRACE
700 NW 107 AVE
MIAMI FL

☐ DELETE

13.

1.1 TITLE

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: Grace Santaella Grace Santaella 18-98 (305) 229-6400

CR2E034 (10/97)