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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:

DOCUMENT # **S14844** **(2)**

1. Corporation Name

EMBASSY SQUARE, INC.

Principal Place of Business	Mailing Address
111 N.E. FIRST STREET SUITE 500 MIAMI FL 33132	111 N.E. FIRST STREET SUITE 500 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1990	3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0228175	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEWIS, EDGAR 111 N.E. FIRST STREET SUITE 500 MIAMI FL 33132	81 Name: ANTONIO J. CASTRO 82 Street Address (P.O. Box Number is Not Acceptable): 7990 S.W. 117TH AVE 83 84 City: MIAMI FL 85 Zip Code: 33183

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: ANTONIO J. CASTRO — 5/22/95
Signature required if petitioner is registered agent and filing application. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P,D	☒ Change ☐ Addition
NAME	LEWIS, EDGAR	12 NAME	GROSSMAN, PHYLLIS	
STREET ADDRESS	111 NW FIRST ST, #500	13 STREET ADDRESS	7990 SW 117 AVE	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33183	
TITLE	D	21 TITLE	D,VP,S	☒ Change ☐ Addition
NAME	GROSSMAN, ARNOLD	22 NAME	CASTRO, ANTONIO J.	
STREET ADDRESS	7990 SW 117 AVE	23 STREET ADDRESS	7990 SW 117 AVE	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33183	
TITLE		31 TITLE	VP,T	☒ Change ☐ Addition
NAME		32 NAME	MIZELS, LORI	
STREET ADDRESS		33 STREET ADDRESS	7990 SW 117 AVE	
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FL 33183	
TITLE		41 TITLE	VP	☒ Change ☐ Addition
NAME		42 NAME	GROSSMAN, WILLIAM	
STREET ADDRESS		43 STREET ADDRESS	7990 SW 117 AVE	
CITY ST ZIP		44 CITY ST ZIP	MIAMI, FL 33183	
TITLE		51 TITLE	VP	☒ Change ☐ Addition
NAME		52 NAME	GETELMAN, KAREN	
STREET ADDRESS		53 STREET ADDRESS	1238 COMMONWEALTH AVENUE	
CITY ST ZIP		54 CITY ST ZIP	NEWTON, MA 02165	
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)(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: ANTONIO J. CASTRO — 5/22/95 — (305) 595-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133485 CP