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95 MAY -2 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44984** **(0)**

1. Corporation Name
CORAL REAL PROPERTY INVESTMENT CORPORATION

800001473998
-05/03/95--01149--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
10540 NW 26TH ST. STE. 203 MIAMI FL 33172 US	10540 NW 26TH ST. STE. 203 MIAMI FL 33172 US

3. Date Incorporated or Qualified: **04/12/1991**
3a. Date of Last Report: **05/24/1994**

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

4. FEI Number: **65-0267472** ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	EMPEY, GORDON B.	12 NAME	GRAINGER, STEPHEN J.	
STREET ADDRESS	P.O. BOX N. 3016 N/A	13 STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY ST ZIP	NASSAU, BAHAMAS	14 CITY ST ZIP	NASSAU, BAHAMAS	
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GAIL V.	22 NAME		
STREET ADDRESS	PO BOX N3016 NA	23 STREET ADDRESS		
CITY ST ZIP	NASSAU, BAHAMAS	24 CITY ST ZIP		
TITLE	DVP	31 TITLE	DVP	☒ Change ☐ Addition
NAME	TURNQUEST, PETER N	32 NAME	BINGHAM, C. DIANNE	
STREET ADDRESS	P O BOX N-3016 N/A	33 STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY ST ZIP	NASSAU BA	34 CITY ST ZIP	NASSAU, BAHAMAS	
TITLE	DAS	41 TITLE	DAS	☒ Change ☐ Addition
NAME	NORMANDEAU, MICHAEL	42 NAME	WILSON, SHEENA A.	
STREET ADDRESS	PO BOX N-3016 N/A	43 STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY ST ZIP	NASSAU BA	44 CITY ST ZIP	NASSAU, BAHAMAS	
TITLE	DT	51 TITLE	DT	☒ Change ☐ Addition
NAME	BINGHAM, C DIANNE	52 NAME	TURNQUEST, PETER N.	
STREET ADDRESS	PO BOX N3016 NA	53 STREET ADDRESS	P.O. BOX N-3016 N/A	
CITY ST ZIP	NASSAU BA	54 CITY ST ZIP	NASSAU, BAHAMAS	
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 on an attachment with an address.

SIGNATURE: GAIL V. JOHNSON DIRECTOR/SECRETARY APRIL 25, 1995 (809) 356-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Area Code & Daytime Phone Number)

GAIL V. JOHNSON

0188841 CP