

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

FILED
Mar 26 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 # **S95564** (8)

1. Corporation Name

COCONUT GROVE TITLE COMPANY, INC.

Principal Place of Business

Mailing Address

**2665 SO BAYSHORE DR
STE M103
COCONUT GROVE FL 33133
US**

**2665 SO BAYSHORE DR
STE M103
COCONUT GROVE FL 33133
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1991

4. FEI Number

65-0302111

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

2. Principal Place of Business
21 **3225 AVIATION AVE**

Suite, Apt. #, etc.

22 **700**

City & State

23 **COCONUT GROVE FL**

Zip

24 **33133**

Country

25 **US**

2a. Mailing Address

26 **3225 AVIATION AVE**

Suite, Apt. #, etc.

27 **700**

City & State

28 **COCONUT GROVE FL**

Zip

29 **33133**

Country

30 **US**

9. Name and Address of Current Registered Agent

KAMENESH, PETER Z

2665 SO BAYSHORE DR

STE M103

COCONUT GROVE FL 33133

3225 AVIATION AVE

700

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 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	D	<input type="checkbox"/> DELETE
NAME	KAMENESH, PETER Z.	
STREET ADDRESS	2665 SO BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	

21 **3225 AVIATION AVE**

22 **700**

23 **FL**

24 **33133**

25 **US**

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