# 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

APPROVED AND FILED

95 MAY 31 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07076 (5)

1. Corporation Name
REAL ASH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~700 BRICKELL PLAZA~~<br>~~SUITE 900~~<br>~~MIAMI FL 33131~~<br>US | ~~700 BRICKELL PLAZA~~<br>~~SUITE 900~~<br>~~MIAMI FL 33131~~<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 218 Almeria Ave
22: Suite, Apt. #, etc.
23: City & State: Coral Gables FL
24: Zip: 33134
25: Country: USA

2a. Mailing Address
26: 218 Almeria Ave.
27: Suite, Apt. #, etc.
28: City & State: Coral Gables FL
29: Zip: 33134
30: Country: USA

4. FEI Number: 65-0349728 ☐ 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

~~PERLMAN AND FADER, P.A.~~
~~700 BRICKELL PLAZA~~
~~SUITE 900~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Thomas G. Sherman
82 Street Address (P.O. Box Number is Not Acceptable): 218 Almeria Ave.
83:
84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ 5/27/95
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 | 1 1 TITLE | Noel O'Rourke | ☒ Change ☐ Addition |
| NAME | O'ROURKE, NOEL | 1 2 NAME | | |
| STREET ADDRESS | ~~700 BRICKELL PLAZA, SUITE 900~~ | 1 3 STREET ADDRESS | 218 Almeria Ave | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 1 4 CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | ~~DTS~~ | 2 1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~NEALON, PAULINE~~ | 2 2 NAME | N/A | |
| STREET ADDRESS | ~~700 BRICKELL PLAZA, SUITE 900~~ | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 2 4 CITY-ST-ZIP | | |
| TITLE | ~~V~~ | 3 1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~TREACY, RAY~~ | 3 2 NAME | N/A | |
| STREET ADDRESS | ~~700 BRICKELL PLAZA, SUITE 900~~ | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 3 4 CITY-ST-ZIP | | |
| TITLE | | 4 1 TITLE | Thomas G. Sherman | ☐ Change ☒ Addition |
| NAME | | 4 2 NAME | Asst. V.P. | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | 218 Almeria Ave. | |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | Coral Gables FL 33134 | |
| TITLE | | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | | |
| TITLE | | 6 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6 4 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:** _____ T 5/27/95 (305) 448 5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0129300 CP