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
1995 APR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38119** **(6)**

1. Corporation Name
DEMOSA DEVELOPMENT CORP.

Principal Place of Business
1617 N. FLAGLER DRIVE
W. PALM BEACH FL 33407

Mailing Address
1617 N. FLAGLER DRIVE
W. PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/21/1992**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address: P.O. Box 33209
27 Suite, Apt. #, etc.
28 City & State: Palm Beach Gardens, FL
29 Zip: 33420
30 Country: USA

4. FEI Number: 65-0335032 ☐ 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

GRANDJEAN, JEAN-MICHEL
767 FORESTERIA AVE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: Marian Pearlman Nease
82 Street Address (P.O. Box Number is Not Acceptable): 5355 Town Center Rd
83 Suite 801
84 City: Boca Raton FL 85 Zip Code: 33486

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: Marian Pearlman Nease — 1/13/95
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JACOT, MAURICE	12 NAME	
STREET ADDRESS	1617 N. FLAGLER DR	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY ST ZIP	
TITLE		21 TITLE	S/D ☐ Change ☒ Addition
NAME		22 NAME	ROTHPLETZ ROLAND (N/A)
STREET ADDRESS		23 STREET ADDRESS	PO Box 33209
CITY-ST-ZIP		24 CITY ST ZIP	Palm Beach Gardens, FL 33420
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	200001471692
STREET ADDRESS		33 STREET ADDRESS	-05/02/95--01146--015
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

4/28/95

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: (ROTHPLETZ ROLAND) April 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0248260 CP