

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V64231

(6)

1. Corporation Name

CORAL PARK CO.

FILED
Apr 09, 1996 08:00 AM
Secretary of State



Principal Place of Business

1350 S. DIXIE HWY
CORAL GABLES FL 33146
US

Mailing Address

340 BISCAYNE BLVD.
STE 100
MIAMI FL 33132
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., Rm., etc.

State, Apt., Rm., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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 607.0602 and 607.1305, 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. Thereby, accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer/Director

Signature of Registered Agent or Officer/Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
CASTERA, BENOIST
340 BISCAYNE BLVD, STE 100
MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

6.2 NAME
6.3 STREET ADDRESS
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)(b), Florida Statutes. I further certify that the information included on this statement and 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an officer/director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benoist Castera

3-25-96 305-358-0661

DATE OF SIGNATURE

CR2E034 (12/95)