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

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attachment with an address.

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V64231 (6)CORAL PARK CO. Principal Place of Business Mailing Address 340 BISCAYNE BLVD. 1**350** S. Dixie Hwy **CORAL GABLES FL 33146** STE 100 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 3. Date Incorporated or Qualified 09/16/1992 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 270 N.E. 4th Street 21 26 65-0357326 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 33132 23 Miami, FL Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 33132 Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER 83 **MIAMI FL 33131** 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **VPD** DELETE Change ☐ Addition TITLE 1.1 TITLE CASTERA, BENOIST NAME 1.2 NAME CR2E034 Castera, Benoist 340 BISCAYNE BLVD, STE 100 STREET ADDRESS 1.3 STREET ADDRESS 270 N.E. 4th Street MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Miami, FL 33132 DELETE Change Addition TITLE 2.1 TITLE MICANGELI, MAURIZIO NAME 2.2 NAME 340 BISCAYNE BLVD STE 100 STREET ADDRESS 2.3 STREET ADDRESS 270 N.E. 4th Street **MIAMI FL** Miami, FL 33132 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE VPSD Change ☐ Addition TITLE 3.1 TITLE V/D TUPINI, CLAUDIO NAME 3.2 NAME Tupini, Claudio 340 BISCAYNE BLVD, STE 100 STREET ADDRESS 3.3 STREET ADDRESS 270 N.E. 4th Street Miami, FL 33132 MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 14. Thereby certify that the information sub-indicated on this annual loport or suppli-officer or director of the convoration or t Block 12 or Block 13 if changed, or on a plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ymental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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