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 -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66352** **(8)**

1. Corporation Name

LA RAMBLAS DEVELOPMENT CORP.

400001486574
-05/12/95--01122--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
230 5TH STREET MIAMI BEACH FL 33139	230 5TH STREET MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number ~~APPLIED FOR~~ 65-0396944 ☐ 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

ROBINS, CRAIG
230 5TH STREET
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MIESTEL, LARRY	12 NAME	
STREET ADDRESS	230 5TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	
TITLE	DPS	21 TITLE	☐ Change ☐ Addition
NAME	ROBINS, CRAIG	22 NAME	
STREET ADDRESS	230 5TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	HART, WENDY	32 NAME	
STREET ADDRESS	230 5TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROBINS, SCOTT	42 NAME	
STREET ADDRESS	230 5TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBINS, GERALD	52 NAME	
STREET ADDRESS	230 5TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HUTLOFF, GERALD	62 NAME	
STREET ADDRESS	230 5TH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	64 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 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 adde[illegible]

SIGNATURE: Craig Robins 4/18/95 (305) 531-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0146348 CP