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 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **448189** **(1)**

1. Corporate Name

POAS DEVELOPMENT INC.

Principal Place of Business

2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

Mailing Address

2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/18/1974**

3a. Date of Last Report: **05/01/1994**

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

2a. Mailing Address — 26 — Suite, Apt. # etc. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **65-0141801** ☐ 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 changing its name under s. 607.1006 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

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 Section(s) 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

(Appointed Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11.
12.1 TYPE	PD	13.1 TYPE ☐ Change ☐ Addition
12.2 NAME	TOWNSON, ERNESTO	13.2 NAME
12.3 STREET ADDRESS	2 S BISCAYNE BLVD #3400	13.3 STREET ADDRESS
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP
12.1 TYPE	SD	13.1 TYPE ☐ Change ☐ Addition
12.2 NAME	TOWNSON, GERARDO	13.2 NAME
12.3 STREET ADDRESS	2 S BISCAYNE BLVD #3400	13.3 STREET ADDRESS
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP
12.1 TYPE	TD	13.1 TYPE ☐ Change ☐ Addition
12.2 NAME	MCDONALD, SONIA RINCON	13.2 NAME
12.3 STREET ADDRESS	2 S BISCAYNE BLVD #3400	13.3 STREET ADDRESS
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP
12.1 TYPE	D	13.1 TYPE ☐ Change ☐ Addition
12.2 NAME	DE FERNANDEZ, LILLIAN	13.2 NAME
12.3 STREET ADDRESS	2 S BISCAYNE BLVD #3400	13.3 STREET ADDRESS
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP
12.1 TYPE	D	13.1 TYPE ☐ Change ☐ Addition
12.2 NAME	DE MINI, AYLEEN TOWNSON	13.2 NAME
12.3 STREET ADDRESS	2 S BISCAYNE BLVD #3400	13.3 STREET ADDRESS
12.4 CITY ST ZIP	MIAMI FL	13.4 CITY ST ZIP
12.1 TYPE		13.1 TYPE ☐ Change ☐ Addition
12.2 NAME		13.2 NAME
12.3 STREET ADDRESS		13.3 STREET ADDRESS
12.4 CITY ST ZIP		13.4 CITY ST ZIP

14. I (We) 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 of this report or on an attachment with an affiliation.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — 5/1/95 Date — Title if Block 12

0139040 CP