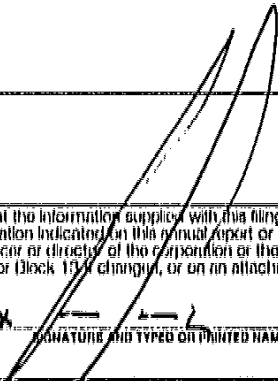


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JAN 31 AM 10:04	
DOCUMENT # 423513 (1) 1. Corporation Name CERMAC CORP				
Principal Place of Business 1040 S.W. 27 AVENUE MIAMI FL 33135		Mailing Address 1040 S.W. 27 AVENUE MIAMI FL 33135		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21		3a. Date of Last Report 01/24/1994		
2a. Mailing Address 26		3. Date Incorporated or Qualified 04/13/1973		
Suite, Apt. #, etc. 22		4. FEI Number 59-1463254		
City & State 23		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
Zip 24		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
Country 25		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No		
Country 29		30		
9. Name and Address of Current Registered Agent CERNUDA, RAMON 1040 S.W. 27 AVENUE MIAMI, FL 33135		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCAS, ROLANDO CONDominio SANTA ANA VC GUAYNABO PR	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CERNUDA, RAMON 1040 S.W. 27 AVENUE MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ-VEGA, DIANA M 2029 S.W. 2ND ST. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	
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 110.07(3)(k), 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 or changes, or on an attachment with an addendum.				
SIGNATURE:  _____		1/23/95 (305)649-4600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Expiration Date		