E 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:29

DOCUMENT # **L96751** **(7)**

1. Corporation Name

MIT PRODUCTS & SERVICE, INC.

Principal Place of Business	Mailing Address
6555 N W 36TH ST STE 301 MIAMI FL 33166 US	6555 N W 36TH ST STE 301 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 04/25/1994

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

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

4. FEI Number: 65-0212912 ☐ 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

~~MOREL-ALMONTE, RAFAEL~~
~~6555 N W 36TH ST STE #301~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name: YELISSA CASTELLO FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 12605 N.W. 7th STREET
83:
84 City: MIAMI FL 85 Zip Code: 33182

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: Yelissa Castello Fernandez — Yelissa Castello Fernandez — 4/7/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PRES~~	1.1 TITLE	P/T/S ☐ Change ☐ Addition
NAME	~~MOREL-ALMONTE, RAFAEL~~	1.2 NAME	YELISSA CASTELLO FERNANDEZ
STREET ADDRESS	~~6555 N W 36TH ST STE 301~~	1.3 STREET ADDRESS	12605 N.W. 7th Street
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33182
TITLE		2.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		2.2 NAME	RAFAEL A. MOREL
STREET ADDRESS		2.3 STREET ADDRESS	12605 N.W. 7th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33182
TITLE		3.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		3.2 NAME	MELISSA B. MOREL
STREET ADDRESS		3.3 STREET ADDRESS	12605 N.W. 7th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33182
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 if changed, or on an attachment with an address.

SIGNATURE: Yelissa Castello Fernandez — Yelissa Castello Fernandez — 4/7/95 — (305) 226-2627
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)

016043 CP