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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:20

DOCUMENT # M07230 (9)

1. Corporation Name
KUNKEL-WIESE, INC.

Principal Place of Business	Mailing Address
C/O SAMUEL STEEN 1500 SAN REMO AVE., SUITE 215 CORAL GABLES FL 33146	C/O SAMUEL STEEN 1500 SAN REMO AVE., SUITE 215 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 COCOLI, LOT #6	2a. Mailing Address: 26 ~~F.P.O.~~ Unit #6105
Suite, Apt #, etc.: 22	Suite, Apt #, etc.: 27
City & State: 23 PANAMA	City & State: 28 ~~MIAMI, FL~~ F.P.O. AA
Zip: 24 — Country: 25 REP. of PANAMA	Zip: 29 34061 — Country: 30 U.S.A.

3. Date Incorporated or Qualified: 10/30/1984
3a. Date of Last Report: 02/08/1994
4. FEI Number: 98-0067471 — 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

STEEN, SAMUEL
1500 SAN REMO AVE
SUITE 215
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: SAMUEL STEEN
82 Street Address (P.O. Box Number is Not Acceptable): 1405 PROSPECT DR.
83
84 City: CORAL GABLES FL 85 Zip Code: 33133

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, ALLEN J., III	1 NAME	Delete
STREET ADDRESS	KUNKEL-WIESE, INC FPO	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	PD	2 TITLE	P/D/T ☒ Change ☐ Addition
NAME	WIESE, JAMES J.	2 NAME	
STREET ADDRESS	KUNKEL-WIESE, INC FPO	2 STREET ADDRESS	c/o Kunkel-Wiese, Inc., Unit #6105
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	F.P.O. AA 34061
TITLE	VP	3 TITLE	☒ Change ☐ Addition
NAME	KUNKEL, FREDERICK G.	3 NAME	
STREET ADDRESS	KUNKEL-WIESE, INC FPO	3 STREET ADDRESS	c/o Kunkel-Wiese, Inc., Unit #6105
CITY-ST-ZIP	MIAMI FL	3 CITY-ST-ZIP	F.P.O. AA 34061
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: [signature] James J. Wiese, President 4/4/95 011-507-52-6450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0160150 CP