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 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M36100 (9)

1. Corporation Name
PHYSIQUES UNLIMITED INC.

Principal Place of Business: 413 N FEDERAL HWY, POMPANO BEACH FL 33062

Mailing Address: 413 N FEDERAL HWY, POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1986	3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-2705822	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. ... Florida Statutes [ ] Yes [X] No	

2. Principal Office	2a. Mailing Address
21 2310 East Atlantic Blvd	26 2310 East Atlantic Blvd
Suite, Apt # etc. 22 —	Suite, Apt # etc. 27 —
City & State 23 Pompano Beach FL	City & State 28 Pompano Beach FL
Zip 24 33062 Country 25 USA	Zip 29 33062 Country 30 USA

9. Name and Address of Current Registered Agent

MILAN, ORLANDO A.MILAN, ORLANDO A.
429 N. FEDERAL HWY
POMPANO BEACH FL 33062

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: O.A. Milan [signature] 5.15.95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: DS NAME: MILAN, ORLANDO A. STREET ADDRESS: 2575 S.W. 8 ST. CITY-ST-ZIP: POMPANO BEACH FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] 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 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: O.A. Milan [signature] Orlando A. Milan 5.15.95 305 946 7867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

0104210 CP

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M36968** **(9)**

1. Corporation Name
BISBANO, INC.

Principal Place of Business	Mailing Address
6320 MIRAMAR PARKWAY MIRAMAR FL 33023	6320 MIRAMAR PARKWAY MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1986**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2711378** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / County (25) / Zip (29) / County (30)
8. *This corporation has liability for intangible tax under s. 199.07, Florida Statutes.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BISBANO, CHARLES R.
6320 MIRAMAR PKWY
MIRAMAR FL 33023

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 607.0501 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BISBANO, CHARLES R.
STREET ADDRESS	1961 SW 68TH AVE
CITY-ST-ZIP	PLANTATION FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 1...

51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
55 TITLE		☐ Change	☐ Addition
56 NAME			
57 STREET ADDRESS			
58 CITY-ST-ZIP			
59 TITLE		☐ Change	☐ Addition
60 NAME			
61 STREET ADDRESS			
62 CITY-ST-ZIP			
63 TITLE		☐ Change	☐ Addition
64 NAME			
65 STREET ADDRESS			
66 CITY-ST-ZIP			
67 TITLE		☐ Change	☐ Addition
68 NAME			
69 STREET ADDRESS			
70 CITY-ST-ZIP			
71 TITLE		☐ Change	☐ Addition
72 NAME			
73 STREET ADDRESS			
74 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this report, 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 added on an attachment with an address.

SIGNATURE: Charles R Bisbano CHARLES R. BISBANO — 5/10/95 (Date) — 305-966525 1 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004884 CP

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Secretary of State
DIVISION OF CORPORATIONS

95 MAY 15 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M44087 (8)

1. Corporation Name
ATLANTIC INVESTMENT - CLIFTON CORPORATION

Principal Place of Business:
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address:
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 12/30/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business [21]
2a. Mailing Address [26]
Suite, Apt. #, etc. [22] [27]
City & State [23] [28]
Zip [24] Country [25] Zip [29] Country [30]

4. FEI Number: 65-0003147 — 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. 199.0?? Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARAVALHO, JEAN
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABDO, JOHN E.
STREET ADDRESS	1750 E SUNRISE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	CARVALHO, JEAN
STREET ADDRESS	1750 E. SUNRISE BLVD.
CITY-ST-ZIP	FT.LAUDERDALE FL
TITLE	T
NAME	EANES, JASPER R.
STREET ADDRESS	1750 E.SUNRISE BLVD.
CITY-ST-ZIP	FT.LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
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: Jean Carvalho — 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0211989 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M46591 (7)

1. Corporate Name
TOTAL-ANSWER BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O MONROE GELB 6005 S.W. 35TH STREET MIAMI FL 33155	C/O MONROE GELB 6005 S.W. 35TH STREET MIAMI FL 33155

3. Date Incorporated or Qualified: 02/13/1987
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2777881 — Applied For / Not Applicable

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

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 satisfy for intangible tax under s. 199 ... Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GELB, MONROE
3400 S.W. 3RD AVENUE
MIAMI FL 33145

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERNANDEZ, CANDIDO F.
STREET ADDRESS	6005 S.W. 35TH STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] 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 119.07(3)(n), 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: C Fernandez CANDIDO F. FERNANDEZ 5/17/95 (305) 663-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0165353 CF