FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **M84427** **(7)**

1. Corporation Name
C.E. PRICE, CORP.

Principal Place of Business	Mailing Address
~~8445 N.W. 168TH TERRACE~~ ~~MIAMI FL 33016-6166~~	~~8445 N.W. 168TH TERRACE~~ ~~MIAMI FL 33016-6166~~

3. Date Incorporated or Qualified: 06/03/1988
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business	2a. Mailing Address
21 10581 NW 53 ST	26 10581 NW 53 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SUNRISE FL	28 City & State: SUNRISE, FL
24 Zip: FL 33351 25 Country: USA	29 Zip: 33351 30 Country: USA

4. FEI Number: 65-0053376 ☐ 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

~~MORATIS, ROBERT J., ESQ.~~
~~1310 SE 3RD AVE.~~
~~FT. LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name: DAVID HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 210 N. UNIVERSITY DR.
83: STE 502
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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] DAVID HERNANDEZ 4-18-96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	PRICE, CHARLES E.		1.2 NAME	RUSSLYN P. PRICE	
STREET ADDRESS	8445 NW 168TH TERR.		1.3 STREET ADDRESS	8445 N.W. 168 TERRACE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, CHARLES E.		2.2 NAME		
STREET ADDRESS	8445 NW 168TH TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Russlyn P. Price RUSSLYN P. PRICE VP 4/20/96 305-893-3194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #