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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

**DOCUMENT # N28124**

1. Corporation Name
Support Caps on Toughening Time, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 10322 S.W. 114 TERR.<br>Miami, FL. 33176 | 10322 S.W. 114 TERR.<br>MIAMI, FL 33176 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/30/88
3a. Date of Last Report: AUG. 1994
4. FEI Number: n/a — ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 – | 26 – |
| Suite, Apt. #, etc.<br>22 – | Suite, Apt. #, etc.<br>27 – |
| City & State<br>23 – | City & State<br>28 – |
| Zip 24 – Country 25 – | 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

Lourdes Press
10322 S.W. 114 TERR.
Miami, Fla. 33176

**10. Name and Address of New Registered Agent**

81 Name: Lourdes Press
82 Street Address (P.O. Box Number is Not Acceptable): 10322 S.W. 114 TERR.
83
84 City: Miami **FL** 85 Zip Code: 33176

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: Lourdes Press - Lourdes Press - April 6, 1995
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 P/D | President, Director | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Lourdes Press | 1.2 NAME | |
| STREET ADDRESS | 10322 S.W. 114 Terr. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL. 33176 | 1.4 CITY-ST-ZIP | 000001469670<br>-05/01/95--01072--003 |
| TITLE VP/D | Vice President/Director | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Toni Rakow | 2.2 NAME | ****130.00 ****130.00 |
| STREET ADDRESS | 215 Cameron Ct. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Lauderdale, Fl. 33326 | 2.4 CITY-ST-ZIP | |
| TITLE D | Director | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | David Nevel, Sun Bank Bldg. #902 | 3.2 NAME | Director |
| STREET ADDRESS | 111 Lincoln Road Mall | 3.3 STREET ADDRESS | David Nevel, c/o Housing Authority |
| CITY-ST-ZIP | Miami Beach, FL 33139 | 3.4 CITY-ST-ZIP | 200 Alton Road<br>Miami Beach, Fl. 33139 |
| 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(305) 551-4713

**SIGNATURE:** Lourdes Press - Lourdes Press - April 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone Number

LL