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 JUL 27 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007111 (7)

1. Corporate Name
THE CREW SHUTTLER, INC.

Principal Place of Business:
162 NORTHEAST 25TH STREET
HOUSE #162
MIAMI FL 33137

Mailing Address:
162 NORTHEAST 25TH STREET
HOUSE #162
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: APPLIED FOR 65-0412385 — 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
CASANOVA, THELMA
162 NORTHEAST 25TH STREET
MIAMI FL 33137

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 ____ Signature of New Registered Agent ____ Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASANOVA, THELMA
STREET ADDRESS	162 N.W. 25TH STREET
CITY-ST-ZIP	MIAMI FL 33137
TITLE	VSD
NAME	CASANOVA, PEDRO
STREET ADDRESS	162 N.W. 25TH STREET
CITY-ST-ZIP	MIAMI FL 33137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

500001547755
-07/27/95--01064--008
****225.00 ****225.00

T.S. 7/27/95

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(1)(b), 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: Thelma C. Casanova
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 (305)576-2318

0143637 CP

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P92000007567

1. Corporation Name
HUNGARIA, U.S.A., INC.

700001548067
-07/27/95--01078--018
****233.75 ****233.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
905 Crandon Blvd. Key Biscayne, Florida 33149	

3. Date Incorporated or Qualified: 11/24/92
3a. Date of Last Report: 5/1/94

2. Principal Place of Business	2a. Mailing Address
21 927 Crandon Blvd.	26 927 Crandon Blvd.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Key Biscayne, Florida	28 City & State: Key Biscayne, Florida
24 Zip: 33149 25 Country: Dade	29 Zip: 33149 30 Country: Dade

4. FEI Number: 65-0371376 ☐ 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	10. Name and Address of New Registered Agent
Manuel De La Fuente, Jr. 905 Crandon Blvd. Key Biscayne, Florida 33149	81 Name: Raul Romera 82 Street Address (P O Box Number is Not Acceptable): 927 Crandon Blvd. 83 84 City: Key Biscayne, FL 85 Zip Code: 33149

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: X _____ (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	D/P/S	11 TITLE	D/P/S ☒ Change ☐ Addition
NAME	Manuel De La Fuente, Jr.	12 NAME	Raul Romera
STREET ADDRESS	905 Crandon Blvd.	13 STREET ADDRESS	927 Crandon Blvd.
CITY ST ZIP	Key Biscayne, Florida 33149	14 CITY ST ZIP	Key Biscayne, Florida 33149
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: X _____ (305) 576-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #