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 JUN -1 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000086776 (0)

1. Corporation Name
E & F OF MIAMI, INC.

Principal Place of Business	Mailing Address
STE. 2-E 2600 N.E. 135TH STREET N. MIAMI FL 33181	STE. 2-E 2600 N.E. 135TH STREET N. MIAMI FL 33181

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0484554 ☐ 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
~~LARRAVIEE, ALBERT~~ Troy G. Avera, Jr	81 Name: Troy G. Avera, Jr.
~~STE. 2-E~~ 13506 NE 23rd PL	82 Street Address (P.O. Box Number is Not Acceptable): 13506 NE 23rd PL
~~2600 NE 135 ST.~~ North Miami,	83
~~NORTH MIAMI FL~~ 33181 FL 33181	84 City: North Miami. FL 85 Zip Code: 33181

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] 5/2/95
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	~~D~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~LARRIVEE, ALBERT~~	1.2 NAME	
STREET ADDRESS	~~STE. 2-E, 2600 N.E. 135 ST.~~	1.3 STREET ADDRESS	
CITY ST ZIP	~~N. MIAMI FL~~	1.4 CITY ST ZIP	
TITLE	~~D~~ P/S/T, D	2.1 TITLE	☐ Change ☐ Addition
NAME	LARRIVEE, SHELLY	2.2 NAME	600001503986
STREET ADDRESS	STE. 2-E, 2600 N.E. 135 ST.	2.3 STREET ADDRESS	-06/02/95--01005--003
CITY ST ZIP	N. MIAMI FL	2.4 CITY ST ZIP	****225.00 ****225.00
TITLE	VP, D	3.1 TITLE	☐ Change ☐ Addition
NAME	Troy G. Avera, Jr.	3.2 NAME	
STREET ADDRESS	13506 NE 23rd PL	3.3 STREET ADDRESS	
CITY ST ZIP	North Miami, FL 33181	3.4 CITY ST ZIP	
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	LW

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)(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: Shelly Larrivee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President — Date: May 7th 1995 — Daytime Phone #

D100026 CP