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 MAR 22 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013825 (2)

1. Corporation Name
SNOWBIRDS INTERNATIONAL REALTY, INC.

Principal Place of Business	Mailing Address
2450 HOLLYWOOD BLVD. SUITE 401 HOLLYWOOD FL 33020	2450 HOLLYWOOD BLVD. SUITE 401 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1994 — 3a. Date of Last Report:

4. FEI Number: APPLIED FOR — [x] 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 [x] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 100 Bayview Drive	26 100 Bayview Dr.
Suite, Apt. #, etc. 22 Suite 717	Suite, Apt. #, etc. 27 Suite 717
City & State 23 Miami, FLORIDA	City & State 28 Miami, Florida
Zip 24 33160 — Country 25 U.S.A.	Zip 29 33160 — Country 30 U.S.A.

9. Name and Address of Current Registered Agent

RINCON, ANGELA
2450 HOLLYWOOD BLVD.
SUITE 401
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: LAWRENCE H. FEDER
82 Street Address (P.O. Box Number is Not Acceptable): 2450 Hollywood Blvd.
83 Suite 401
84 City: Hollywood — FL — 85 Zip Code: 33020

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] LAWRENCE H. FEDER 3/16/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEDER, LAWRENCE H
STREET ADDRESS	2450 HOLLYWOOD BLVD., SUITE 401
CITY-ST-ZIP	HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P/D	[x] Change [ ] Addition
12 NAME	STERN, MICHAEL	
13 STREET ADDRESS	100 Bayview Drive #717	
14 CITY-ST-ZIP	MIAMI, FLORIDA 33160	

500001437735
-03/23/95--01043--011
****200.00 ****200.00

3/22/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(a), 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: [signature] MICHAEL STERN 3/10/95 305 4234477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000014100 (9)**

1. Corporation Name
M. & R. EQUIPMENT, INC.

Principal Place of Business	Mailing Address
710 S.W. 114TH AVE. #B-2 MIAMI FL 33174	710 S.W. 114TH AVE. #B-2 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2742 SW 8th Street	26 2742 SW 8th Street
Suite, Apt. #, etc 22 # 8	Suite, Apt. #, etc 27 # 8
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33135 — Country 25	Zip 29 33135 — Country 30

4. FEI Number: 65-0469583 — Applied For

5. Certificate of Status Desired: [X] — $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 [X] No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MAGALI G
710 S.W. 114TH AVE.
#B-2
MIAMI FL 33174

10. Name and Address of New Registered Agent

91 Name: MAGALI P. OOT
92 Street Address (P.O. Box Number is Not Acceptable): 12361 NW 8th Street
93
94 City: Miami — FL — 95 Zip: 33182

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: Magali Poot
Signature of new registered agent (if changing) — Date — Name of new registered agent (if changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	D/Pte.Sec. & Treasurer
NAME	RODRIGUEZ, MAGALI G	1. NAME	MAGALI POOT
STREET ADDRESS	2315 S.W. 10TH AVE., #B-2	1. STREET ADDRESS	12361 NW 8th Street
CITY-ST-ZIP	MIAMI FL 33174	1. CITY-ST-ZIP	Miami, Fl. 33182
2. TITLE		2. TITLE	
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	500001437315
2. CITY-ST-ZIP		2. CITY-ST-ZIP	-03/23/95--01012--020
3. TITLE		3. TITLE	****200.00 ****200.00
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	
4. NAME		4. NAME	500001437315
4. STREET ADDRESS		4. STREET ADDRESS	-03/23/95--01012--021
4. CITY-ST-ZIP		4. CITY-ST-ZIP	*******8.75 *******8.75
5. TITLE		5. TITLE	
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-262-1262
Area Code & Daytime Phone Number

LW 3-22-95