SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019071 (7)**

1. Corporation Name
MEMORY HOUSE, INC.

Principal Place of Business	Mailing Address
7311 N.W. 12TH ST. #15 1/3 MIAMI FL 33126	7311 N.W. 12TH ST. #15 1/3 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business	21 7311 NW 12th St	2a. Mailing Address	26 7311 NW 12th St
Suite, Apt. #, etc.	22 1#3	Suite, Apt. #, etc.	27 1#3
City & State	23 Miami, FL	City & State	28 Miami, FL
Zip / Country	24 33126 / 25 U.S.A.	Zip / Country	29 33126 / 30 U.S.A.

4. FEI Number: 65-0479884 ☐ 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
D, GUSMAO I NACIO 7311 N.W. 12TH ST. #15 MIAMI FL 33126	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GUSMAO, INACIO J	12 NAME	
STREET ADDRESS	11621 N.W. 24TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33323	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GUSMAO, RITA DE C	22 NAME	
STREET ADDRESS	12670 N.W. 14TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	DA SILVA, KANILDO O	32 NAME	DA SILVA JANILDO O.
STREET ADDRESS	9591 FONTAINEBLEAU APT. 321	33 STREET ADDRESS	9511 FONTAINEBLEAU BLVD., APT. 502
CITY-ST-ZIP	MIAMI FL 33172	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DA SILVA, BRUNO F	42 NAME	
STREET ADDRESS	9591 FONTAINEBLEAU APT. 321	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	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	

CR2E034 (3/95)

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)(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: Inacio Gusmao 06/22/95 470-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034610 CP