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 -3 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048858 (2)

1. Corporation Name
PHASE I, INC.

Principal Place of Business	Mailing Address
15539 MIAMI LAKEWAY NORTH SUITE 206 MIAMI LAKES FL 33014	15539 MIAMI LAKEWAY NORTH SUITE 206 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0500656	☐ Applied For ☐ Not Applicable
21 12555 Biscayne Blvd	26 12555 Biscayne Blvd		
Suite, Apt. #, etc. 22 # 911	Suite, Apt. #, etc. 27 # 911	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 North Miami, Fl	City & State 28 North Miami, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33181 / 25 Dade	Zip / Country 29 33181 / 30 Dade	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

RERCINOS, ITALO
54 N.E. 103RD ST.
MIAMI SHORES FL 33138

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RECINOS, ITALO	12 NAME	
STREET ADDRESS	54 N.E. 103RD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	14 CITY-ST-ZIP	
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/We hereby certify that the information supplied with this 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 above, or on an attachment with an asterisk.

SIGNATURE: X Italo Recinos DIRECTOR
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR)

X 02/21/95 (Date) 305-656-2036 (Daytime Phone #)

0004034 CP