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 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12004 (0)

1. Corporation Name
ADYR CORP.

Principal Place of Business	Mailing Address
6876 W. ATLANTIC BLVD. MARGATE FL 33063 US	6876 W. ATLANTIC BLVD. MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1992
3a. Date of Last Report: 04/14/1994

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

4. FEI Number: 65-0337309 ☐ 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

SELA, EHUD D
1228 WEST AVE #903
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name: SELA, EHUD
82 Street Address (P.O. Box Number is Not Acceptable): 812 NORTH OCEAN BLVD'
83: APT' 301
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	SELA, EHUD	1.2 NAME	SELA, EHUD
STREET ADDRESS	1228 WEST AVENUE #903	1.3 STREET ADDRESS	812 NORTH OCEAN BLVD', APT 301
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL' 33062
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	SADICK, STEPHANIE J.	2.2 NAME	SADICK, STEPHANIE J.
STREET ADDRESS	1228 WEST AVENUE #903	2.3 STREET ADDRESS	812 NORTH OCEAN BLVD', APT 301
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FL' 33062
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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)(k), 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: Ehud Sela, Pres 3/22/95 (305) 792-5700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Telephone Number

6T08287 CP