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 -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S15157 (8)

1. Corporation Name
L.I.M.S. (USA), INC.

Principal Place of Business	Mailing Address
~~20101 NE 16TH PL~~ ~~N MIAMI FL 33179~~	~~20101 NE 16TH PL~~ ~~N MIAMI FL 33179~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 4000 HOLLYWOOD BLVD.	26 4,000 HOLLYWOOD BLVD.
Suite, Apt. #, etc. 22 SUITE 240 N	Suite, Apt. #, etc. 27 SUITE 240 N
City & State 23 HOLLYWOOD, FLORIDA	City & State 28 HOLLYWOOD FLORIDA
Zip 24 33021 Country 25 U.S.A.	Zip 29 33021 Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/29/1990
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0234123 ☐ 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

FRIEDMAN, ITSCHAK
~~20101 NE 16TH PL~~
~~N MIAMI FL 33179~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD.
83 SUITE 240 N
84 City HOLLYWOOD, FL 85 Zip Code 33021

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☒ Change ☐ Addition
NAME	FRIEDMAN, ITSCHAK	1 2 NAME	
STREET ADDRESS	~~20101 NE 16TH PL~~	1 3 STREET ADDRESS	4000 HOLLYWOOD BLVD.
CITY-ST-ZIP	~~N MIAMI FL~~	1 4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95 Date

305-964-8663 Daytime Phone #

019018 CP