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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:28

DOCUMENT # 285751 (4)

1. Corporation Name
CONDOR GROUP INC.

Principal Place of Business
18199 BISCAYNE BLVD.
NO. MIAMI BCH. FL 33160

Mailing Address
18199 BISCAYNE BLVD.
NO. MIAMI BCH. FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1964
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 155 N.W. 167 Street, #200	26 155 N.W. 167 Street, #200
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #200
City & State 23 North Miami Beach, Fl	City & State 28 North MIami Beach, Fl.
Zip 24 33169 · Country 25	Zip 29 33169 · Country 30

4. FEI Number 65-0215842 ☐ 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
CONDER,WILLIAM L 10800 N.E. 6TH AVE. MIAMI SHORES FL 33161	81 Name: Conder, William L. 82 Street Address (P.O. Box Number is Not Acceptable): 155 N. W. 167 Street 83 #200 84 City: North MIami Beach, Fl. FL 85 Zip Code 33169

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 William L. Conder 4/25/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ xx Change ☐ Addition
NAME	CONDER, DELORIS J.	12 NAME	None
STREET ADDRESS	10800 N.E. 6TH AVE.	13 STREET ADDRESS	None
CITY-ST-ZIP	MIAMI SHORES FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ xx Change ☐ Addition
NAME	CONDER, WILLIAM L.	22 NAME	
STREET ADDRESS	10800 N.E. 6TH AVE.	23 STREET ADDRESS	155 N.W. 167 Street, #200
CITY-ST-ZIP	MIAMI SHORES FL	24 CITY-ST-ZIP	North MIami Beach, Fl., 33169
TITLE	VD	31 TITLE	VD ☒ xx Change ☐ Addition
NAME	CRUZ, ESTHER	32 NAME	Perez, Jose Amado
STREET ADDRESS	1500 N.W. 112 TERR.	33 STREET ADDRESS	8518 S.W. 8th Street,#143
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	Miami, Florida 33144
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 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: 4/25/95 305-770-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #
William L. Condor

0178753 CP