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 MAY -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 325649 (2)

1. Corporation Name
PAUL CURTIS REALTY, INC.

Principal Place of Business
425 W COLONIAL DRIVE SUITE 201
ORLANDO FL 32804

Mailing Address
425 W COLONIAL DRIVE SUITE 201
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1968
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1203697 ☐ 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

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

9. Name and Address of Current Registered Agent
CURTIS, PAUL L
425 W COLONIAL DRIVE SUITE 201
ORLANDO FL 32804

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VD~~	1.1 TITLE	☑ Change ☐ Addition
NAME	~~ELROD, CARYL C~~ DELETE	1.2 NAME	DELETE CARYL C. ELROD
STREET ADDRESS	~~425 W.COLONIAL DR.,#201~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32804~~	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☑ Change ☐ Addition D/V/S/T
NAME	CURTIS, CLINTON A	2.2 NAME	CURTIS, CLINTON A.
STREET ADDRESS	425 W.COLONIAL DR.,#201	2.3 STREET ADDRESS	425 W. COLONIAL DR #201
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, PAUL L	3.2 NAME	
STREET ADDRESS	425 W.COLONIAL DR.,#201	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)(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: [signature] 4/28/95 (407) 422-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058368 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED
APR
FLA

9:57

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **331644** **(5)**

1. Corporate Name

INCA INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
1065 N.E. 79TH STREET **MIAMI FL 33139**	**1065 N.E. 79TH STREET** **MIAMI FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/24/1968**	3a. Date of Last Report **07/12/1994**
4. FEI Number **NOT APPLICABLE**	☐ 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
7. This corporation is eligible to benefit from the Florida Small Business Emergency Bridge Loan Act (sections 288.7015, Florida Statutes). ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CAMPOS, FRANCISCO
1065 N.E. 79TH STREET,
MIAMI 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 Section(s) 607.1005 and/or 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. Each 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

(If changing Registered Agent, Registered Agent must sign here.) (If Registered Agent is an entity, list name and title of authorized person.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, B, C, D)	
01 Title	PD	A Title	☐ Change ☐ Addition
02 Name	CAMPOS, FRANCISCO	B Name	
03 Street Address	4355 SW 2ND ST.	C Street Address	
04 City-St-Zip	MIAMI FL	D City-St-Zip	
05 Title	VTD	A Title	☐ Change ☐ Addition
06 Name	GONZALEZ, HERIBERTO	B Name	
07 Street Address	4355 SW 2ND ST.	C Street Address	
08 City-St-Zip	MIAMI FL	D City-St-Zip	
09 Title	VSD	A Title	☐ Change ☐ Addition
10 Name	CONTRERAS, FRANCISCO	B Name	
11 Street Address	722 E. 46TH ST.	C Street Address	
12 City-St-Zip	HIALEAH FL	D City-St-Zip	
13 Title		A Title	☐ Change ☐ Addition
14 Name		B Name	
15 Street Address		C Street Address	
16 City-St-Zip		D City-St-Zip	
17 Title		A Title	☐ Change ☐ Addition
18 Name		B Name	
19 Street Address		C Street Address	
20 City-St-Zip		D City-St-Zip	
21 Title		A Title	☐ Change ☐ Addition
22 Name		B Name	
23 Street Address		C Street Address	
24 City-St-Zip		D 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)(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 the 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 address.

SIGNATURE: *Francisco Campos* - FRANCISCO CAMPOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25-1995 — 758-0692
Date — Daytime Phone #

0145681 CP