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 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 348182 (7)

1. Corporation Name
GAME LAND COMPANY, INC.

Principal Place of Business
~~685 N.E. 126TH STREET~~
~~NORTH MIAMI FL 33161~~

Mailing Address
~~685 N.E. 126TH STREET~~
~~NORTH MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1969
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 10106 NW 52ND TER
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33178 25: Country: DADE

2a. Mailing Address
26: 10106 N.W. 52ND TER
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33178 30: Country: DADE

4. FEI Number: 59-1262956 ☐ 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

~~LOCOCO, DAVID V.~~
~~685 N.E. 126TH STREET~~
~~NORTH MIAMI FL 33161~~

10. Name and Address of New Registered Agent

81 Name: DAVID V. LOCOCO
82 Street Address (P.O. Box Number is Not Acceptable): 10106 N.W. 52ND TER
83:
84 City: MIAMI FL 85 Zip Code: 33178

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: David V Lococo DATE: 3-1-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	LOCOCO, DAVID V.	1.2 NAME	DAVID V. LOCOCO
STREET ADDRESS	~~685 N.E. 126TH STREET~~	1.3 STREET ADDRESS	10106 N.W. 52ND TER.
CITY-ST-ZIP	~~NORTH MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DELVECCHIO, EMIL J.	2.2 NAME	
STREET ADDRESS	830 NE 131ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, BETTE	3.2 NAME	
STREET ADDRESS	315 NE 122ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	CASERTA, GUIDO T.	4.2 NAME	
STREET ADDRESS	4000 NW 2ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	CASERTA, GUIDO T.	5.2 NAME	
STREET ADDRESS	4000 NW 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 added to the report.

SIGNATURE: David V Lococo 3-1-95 305-477-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

0174038 CP