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 JUN -1 AM 9:13

DOCUMENT # 378523 (5)

1. Corporation Name
DELSA, INC.

Principal Place of Business
3161 BRIDLE DRIVE
HAYWARD CA 94541

Mailing Address
3161 BRIDLE DRIVE
HAYWARD CA 94541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1971**
3a. Date of Last Report: **06/15/1994**

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 ___

4. FEI Number: **59-1414531** ☐ 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

GOLDBERG, DAVID H.
100 SOUTH BISCAYNE BLVD.
ONE BAY FRONT PLAZA, SUITE 1102
MIAMI FL 33131

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

TITLE	P
NAME	FERNANDEZ, SARA
STREET ADDRESS	3161 BRIDLE DRIVE
CITY-ST-ZIP	HAYWARD CA
TITLE	V
NAME	FERNANDEZ, DELVIS A
STREET ADDRESS	3161 BRIDLE DR
CITY-ST-ZIP	HAYWARD CA
TITLE	S
NAME	FERNANDEZ, NORINE
STREET ADDRESS	3161 BRIDLE DR
CITY-ST-ZIP	HAYWARD CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

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 the 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: Norine Fernandez 6/1/95 510) 538-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORINE FERNANDEZ

0401044 FP

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

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DIVISION OF CORPORATIONS

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DOCUMENT # 386125 (9)

1. Corporation Name
BRADSHAW INDUSTRIAL COATINGS, INC.

Principal Place of Business	Mailing Address
HIGHWAY 640 & BRADSHAW PKWY P.O. BOX 1107 MULBERRY FL 33860	HIGHWAY 640 & BRADSHAW PKWY P.O. BOX 1107 MULBERRY FL 33860

3. Date Incorporated or Qualified: 07/29/1971
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1356891 ☐ Applied For ☐ Not Applicable

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 ___

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

BRADSHAW,JAMES M
3715 GARY RD.
MULBERRY FL 33860

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	PDC	11 TITLE	☐ Change ☐ Addition
NAME	BRADSHAW, JAMES M.	12 NAME	
STREET ADDRESS	3715 GARY RD.	13 STREET ADDRESS	
CITY ST ZIP	MULBERRY FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, ROBERT A	22 NAME	
STREET ADDRESS	3325 SHADY ACRES DR	23 STREET ADDRESS	
CITY ST ZIP	MULBERRY FL	24 CITY ST ZIP	
TITLE	STM	31 TITLE	ST ☒ Change ☐ Addition
NAME	BRADSHAW, KIMBERLY Y.	32 NAME	Carroll, Suzanne M.
STREET ADDRESS	3715 GARY RD.	33 STREET ADDRESS	6175 Albritton Road
CITY ST ZIP	MULBERRY FL	34 CITY ST ZIP	~~Mulberry, FL~~
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: Suzanne M. Carroll — Suzanne M. Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/31/95 Daytime Phone #: 813/4282597

0448760 FP

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE

DOCUMENT # **387043** **(3)**

1. Corporation Name

NATIONAL INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
~~% SANFORD NEUBARTH~~ 11222 QUAIL ROOST DR MIAMI FL 33157-6543	~~% SANFORD NEUBARTH~~ 11222 QUAIL ROOST DR MIAMI FL 33157-6543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1971	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1357775	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	2a. Mailing Address
21 c/o Leonardo Garcia	26 c/o Leonardo Garcia
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~NEUBARTH, SANFORD~~ 11222 QUAIL ROOST DR. MIAMI FL 33157	81 Name: Garcia, Leonardo 82 Street Address (P.O. Box Number is Not Acceptable): 11222 Quail Roost Dr. 83 84 City: Miami FL 85 Zip Code: 33157

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 [signature] Leonardo Garcia, Secretary 5/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	HASSBERGER, RICHARD	1 2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	CD	2 1 TITLE	☐ Change ☐ Addition
NAME	BECKER, EUENE E	2 2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	PD	3 1 TITLE	☐ Change ☐ Addition
NAME	LUCKSTONE, THOMAS	3 2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	S ☒ Change ☐ Addition
NAME	NEUBARTH, SANFORD	4 2 NAME	GARCIA, LEONARDO FRANCISCO
STREET ADDRESS	11222 QUAIL ROOST DR.	4 3 STREET ADDRESS	11222 QUAIL ROOST DR.
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	MIAMI, FL
TITLE	VT	5 1 TITLE	☐ Change ☐ Addition
NAME	CASTELO, ENRIQUE L.	5 2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	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)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/12/95 Date 305 2526957 Daytime Phone #

0171776 CP

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CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # **392335** **(6)**

1. Corporation Name:
PAN AMERICAN ASSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
9100 SUNSET DR. MIAMI FL 33173	9100 SUNSET DR. MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1971**
3a. Date of Last Report: **04/19/1994**

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:

4. FEI Number: **59-1427011** ☐ 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

ALCORTA, MAXIMILIANO
4430 S.W. 89 AVE.
MIAMI FL 33165

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 _____ (Typed or printed name of registered agent and title if applicable) _____ (Registered Agent's signature required for reinstatement) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V	11 TITLE	☐ Change ☐ Addition
12 NAME	ALLEN, CARLOS	12 NAME	
13 STREET ADDRESS	9100 SUNSET DR.	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
21 TITLE	P	21 TITLE	☐ Change ☐ Addition
22 NAME	ALCORTA, MAXIMILIANO	22 NAME	
23 STREET ADDRESS	9100 SUNSET DR.	23 STREET ADDRESS	
24 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
31 TITLE	T	31 TITLE	☐ Change ☐ Addition
32 NAME	ALCORTA, LEONOR S.	32 NAME	
33 STREET ADDRESS	9100 SUNSET DR.	33 STREET ADDRESS	
34 CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
41 TITLE	S	41 TITLE	☐ Change ☐ Addition
42 NAME	MILA, MARIA T ALCONTA	42 NAME	
43 STREET ADDRESS	9100 SUNSET DR	43 STREET ADDRESS	
44 CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 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)(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: Maximiliano Alcorta - Maximiliano Alcorta 5/3/95 1-305-270-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

0100370 CP

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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF [illegible] FL

DOCUMENT # **400050** **(1)**

1. Corporation Name
STRAYHORN REALTY CORPORATION

Principal Place of Business	Mailing Address
5690 HARBORAGE DR FORT MYERS FL 33907-1151 US	5690 HARBORAGE DR FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1972**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1425132** ☐ 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

STRAYHORN, MICHAEL
5400 HARBORAGE DR.
FT. MYERS FL 33908

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 [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	STRAYHORN,MICHAEL M.	12 NAME	
STREET ADDRESS	5690 HARBORAGE DR.	13 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STRAYHORN,MICHAEL M.	22 NAME	
STREET ADDRESS	5690 HARBORAGE DR.	23 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	24 CITY, ST, ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, J MATT	32 NAME	
STREET ADDRESS	15297 BRIARCREST CR	33 STREET ADDRESS	
CITY, ST, ZIP	FT MYERS FL	34 CITY, ST, ZIP	
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)(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: Michael M. Strayhorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael M. Strayhorn

5-30-95 Date
941 561-7600 Daytime Phone #

0322078 CP

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **406221** **(2)**

1. Corporation Name
RESOURCES UNLIMITED, INC

Principal Place of Business	Mailing Address
6917 COLLINS AVENUE MIAMI BEACH FL 33141	6917 COLLINS AVENUE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1972	3a. Date of Last Report: 04/14/1994
4. FEI Number: 13-3184413	☐ 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)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

POSNER, MARTIN
6917 COLLINS AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: Brenda N. Castellano
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Avenue
83 Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

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: Brenda Castellano (NOTE: Registered Agent signature required when changing) 5/31/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCFO	11 TITLE	AT ☐ Change ☒ Addition
NAME	O'REILLY, JOHN	12 NAME	Strassberg, Blanche
STREET ADDRESS	6917 COLLINS AVE Delete	13 STREET ADDRESS	6917 Collins Avenue
CITY ST ZIP	MIAMI BCH FL	14 CITY ST ZIP	Miami Beach, FL
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	POSNER, GAIL	22 NAME	
STREET ADDRESS	6917 COLLINS AVE Delete	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MOTTRAM, LISA	32 NAME	
STREET ADDRESS	6917 COLLINS AVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	POSNER, VICTOR	42 NAME	
STREET ADDRESS	6917 COLLINS AVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	44 CITY ST ZIP	
TITLE	EDST	51 TITLE	☐ Change ☐ Addition
NAME	CASTELLNO, BRENDA	52 NAME	
STREET ADDRESS	6917 COLLINS AVE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	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)(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: Brenda Castellano 5/31/95 (305) 866-7272
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Brenda Castellano, Exec. Vice President

0150289 CP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **406396** **(2)**

1. Corporation Name
AVIOR, INC.

Principal Place of Business	Mailing Address
4605 CHARLES BENNETT DRIVE **JACKSONVILLE FL 32225**	**4605 CHARLES BENNETT DRIVE** **JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/07/1972**	3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-1405437**	☐ 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)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HOFFMAN, BERNARD C.
4605 CHARLES BENNETT DRIVE
JACKSONVILLE FL 32225

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	SD	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, JANET B	NAME	
STREET ADDRESS	4605 CHAS BENNETT DR	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	CITY ST ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, MICHAEL J	NAME	
STREET ADDRESS	4605 CHAS BENNETT DR	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	CITY ST ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, BERNARD C	NAME	
STREET ADDRESS	4605 CHAS BENNETT DR	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	CITY ST ZIP	
TITLE	VD	TITLE	VD ☒ Change ☐ Addition
NAME	MINNICQUI, PATRICIA H	NAME	
STREET ADDRESS	32 NORDEN STREET	STREET ADDRESS	3320 Country Meadows Lane
CITY ST ZIP	JACKSONVILLE NC	CITY ST ZIP	PACE, FL 32571
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, KAREN M	NAME	
STREET ADDRESS	5433 ROBLER ROAD	STREET ADDRESS	
CITY ST ZIP	PETALUMA CA	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 above, or on an attachment with an address.

SIGNATURE: Bernard C. Hoffman 5/30/95 904-358-5769
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

001874 CP