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 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 420432 (7)

1. Corporation Name
TARGET TRAILER, INC.

Principal Place of Business	Mailing Address
8110 NW 56 ST PO BOX 520963 MIAMI FL 33166-4017 US	P.O. BOX 520963 PO BOX 520963 MIAMI FL 33152-0963 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21): 8110 N W 56 Street
2a. Mailing Address (26):
Suite, Apt. #, etc. (22): -
Suite, Apt. #, etc. (27):
City & State (23): Miami FL
City & State (28):
Zip (24): 33166-4017 Country (25): USA
Zip (29): Country (30):

4. FEI Number: 59-1620178 ☐ 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

ROSSY, GERALD
8110 N.W. 56TH ST.
P.O. BOX 520963
MIAMI FL 33152

10. Name and Address of New Registered Agent

81 Name: Neil S Rollnick, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): ROLLNICK, ROSEN, LINDEN & LEVY
83: 133 Sevilla
84 City: Coral Gables, FL FL 65 Zip Code: 33134

11. Pursuant to the provisions of Section 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 X [signature] 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Delete	☒ Change ☐ Addition
NAME	ROSSY, GERALD	12 NAME		
STREET ADDRESS	8110 NW 56 ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P	☒ Change ☐ Addition
NAME	ROSSY, ALEXA	22 NAME	Rossy, Alexa S.	
STREET ADDRESS	8110 NW 56 ST	23 STREET ADDRESS	8110 N W 56 St	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33166	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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: Alexa S Rossy President 4/18/95 (305) 592-6613
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Alexa S. Rossy

04/94160 FP