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
95 FEB -7 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547783 (1)

1. Corporation Name
PRIVATE I, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
175 NW 1ST AVE 11TH FLOOR MIAMI FL 33128-6817	175 NW 1ST AVE 11TH FLOOR MIAMI FL 33128-6817

3. Date Incorporated or Qualified: 09/28/1977
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business	2a. Mailing Address
21 100 S.E. Second Street	26 100 S.E. Second Street
Suite, Apt. #, etc. 22 Seventeenth Floor	Suite, Apt. #, etc. 27 Seventeenth Floor
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131-1101	Country 25 US
Zip 29 33131-1101	Country 30 US

4. FEI Number: 59-1787200 ☐ 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
STRICKROOT, JOHN C. 175 NW 1ST AVE 11TH FLOOR MIAMI FL 33128	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street - 17th Floor 83 International Place 84 City Miami FL 85 Zip Code 33131-1101

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. Sandy Mango 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 607.1505, Florida Statutes.

SIGNATURE _____ John C. Strickroot 1/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ISAN, JERRY	12 NAME	
STREET ADDRESS	190 CASUARINA CONCOURSE	13 STREET ADDRESS	2690 N.E. 25 Street
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ISAN, PHILLIP	22 NAME	
STREET ADDRESS	190 CASUARINA CONCOURSE	23 STREET ADDRESS	2690 N.E. 25 Street
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ISAN, BARBARA	32 NAME	
STREET ADDRESS	190 CASUARINA CONCOURSE	33 STREET ADDRESS	2690 N.E. 25 Street
CITY-ST-ZIP	CORAL GALBES FL	34 CITY-ST-ZIP	Lighthouse Point, FL 33064
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: Jerry Isan President 2-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0200073 CP