

4-6-95 B-3064-C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS | <b>FILED<br/>SECRETARY OF STATE<br/>DIVISION OF CORPORATIONS<br/>95 APR -6 AM 9:33</b> |  |
| <b>DOCUMENT # 550179 (6)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>1. Corporation Name</b><br><b>POLO INTERNATIONAL INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>Principal Place of Business</b><br><b>4150 NW 10 AVENUE<br/>FT. LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | <b>Mailing Address</b><br><b>4150 NW 10 AVENUE<br/>FT. LAUDERDALE FL 33309</b>                                                                                                                |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | DO NOT WRITE IN THIS SPACE.                                                                                                                                                                   |                                                                                        |  |
| <b>2. Principal Place of Business</b><br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | <b>3. Date Incorporated or Qualified</b><br><b>10/27/1977</b>                                                                                                                                 |                                                                                        |  |
| <b>2a. Mailing Address</b><br><b>26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | <b>3a. Date of Last Report</b><br><b>06/01/1994</b>                                                                                                                                           |                                                                                        |  |
| <b>Suite, Apt. #, etc.</b><br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | <b>4. FEI Number</b><br><b>59-1800813</b>                                                                                                                                                     |                                                                                        |  |
| <b>City &amp; State</b><br><b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <b>Applied For</b><br><b>Not Applicable</b>                                                                                                                                                   |                                                                                        |  |
| <b>Zip</b><br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                        |                                                                                        |  |
| <b>Country</b><br><b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                             |                                                                                        |  |
| <b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <b>7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>              |                                                                                        |  |
| <b>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>9. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | <b>10. Name and Address of New Registered Agent</b>                                                                                                                                           |                                                                                        |  |
| <b>POLO, FRED VINCENT<br/>4150 NW 10 AVENUE<br/>FT. LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | <b>81 Name</b>                                                                                                                                                                                |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | <b>82 Street Address (P.O. Box Number is Not Acceptable)</b>                                                                                                                                  |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | <b>83</b>                                                                                                                                                                                     |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>                                                                                                                                                   |                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>SIGNATURE</b> _____ <b>DATE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transacting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                  |                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>POLO, FRED VINCENT<br/>4150 NW 10 AVENUE<br/>FT LAUDERDALE FL</b> | <b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY - ST - ZIP</b>                                                                                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>        |  |
| <b>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 110.07(3)(b), 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, unchanged, or as an attachment with an address.</b> |                                                                      |                                                                                                                                                                                               |                                                                                        |  |
| <b>SIGNATURE:</b>  <b>FRED POLO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | <b>1/25/95</b>                                                                                                                                                                                |                                                                                        |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | <small>DATE</small>                                                                                                                                                                           |                                                                                        |  |