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 JUL 10 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565554 (3)

1. Corporation Name

DAWN GUARANTEED T.V. SERVICE, INC.

Principal Place of Business	Mailing Address
12578 NORTH KENDALL DRIVE MIAMI FL 33186-1866	12578 NORTH KENDALL DRIVE MIAMI FL 33186-1866

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1978
3a. Date of Last Report: 03/17/1994

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: 59-1789382 ☐ 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

[redacted] ~~SERGIO HERRERA~~
12578 N KENDALL DR
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: ROBERT D. WARLEN
82 Street Address (P.O. Box Number is Not Acceptable): 12578 N. KENDALL DR.
83: MIAMI, FL. 33186
84 City: MIAMI FL 85 Zip Code: 33186

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: Robert D. Warlen Robert D. Warlen DATE: 5/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	X Change ☐ Addition
NAME	[redacted] ~~SERGIO HERRERA~~	12 NAME	PD EDWARD H. WILLIAMS
STREET ADDRESS	12578 N KENDALL DR	13 STREET ADDRESS	12578 N KENDALL DR.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	SD	21 TITLE	X Change ☐ Addition
NAME	[redacted]	22 NAME	SD JOSEPH C. ROMANS, SR.
STREET ADDRESS	12578 N KENDALL DR	23 STREET ADDRESS	12578 N. KENDALL DR
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE		31 TITLE	X Change ☐ Addition
NAME		32 NAME	TD ROBERT D. WARLEN
STREET ADDRESS		33 STREET ADDRESS	12578 N KENDALL DR
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	300001534855
STREET ADDRESS		43 STREET ADDRESS	-07/11/95--01087--001
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300001534855
STREET ADDRESS		53 STREET ADDRESS	-07/11/95--01087--002
CITY-ST-ZIP		54 CITY-ST-ZIP	*****25.00 *****25.00
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: Robert D. Warlen 2/3/95 305-271-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

0201003 CP