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 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691084 (8)

1. Corporation Name
PEPHLU OF MIAMI, INC.

Principal Place of Business
111 MIRACLE MILE
CORAL GABLES FL 33134
US

Mailing Address
111 MIRACLE MILE
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2131843 — 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. The 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
GONZALEZ, MIGUEL A
2239 NW 20TH ST
MIAMI FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	ST	☑ Change ☐ Addition
NAME	FALERO, JOSE M	1.2 NAME	FALERO, Luis M.	
STREET ADDRESS	5701 COLLINS AVE #914	1.3 STREET ADDRESS	6135 NW 174 TERR.	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, MIGUEL A	2.2 NAME		
STREET ADDRESS	11630 S.W. 28TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	[redacted]	☐ Change ☑ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	[redacted]	☐ Change ☑ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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 a 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: Miguel Gonzalez Jose Falero — 4/21/95 — 448-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140094 CP