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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:13

DOCUMENT # F11576 (8)

1. Corporation Name
$EVEN LETTER$ CORPORATION

Principal Place of Business	Mailing Address
1101 BRICKELL AVE., SUITE #800 P. O. BOX 530125 MIAMI SHORES FL 33153	1101 BRICKELL AVE., SUITE #800 P. O. BOX 530125 MIAMI SHORES FL 33153

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/24/1980
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2060808 ☐ 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

HAUSER, JAMES A
2100 CORAL WAY STE. #605
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Clarence Wolf, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Ave. #800
83
84 City: Miami, FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0505 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: [signature] President / Director 2/7/95
Signature, typed or printed name of registered agent (not both if different) — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, CLARENCE JR PO BOX 530125 N/A MIAMI SHORES, FL 00000	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAUSER, JAMES A 2100 CORAL WAY STE #605 MIAMI, FL 00000	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition remove James A. Hauser from list
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT VOLLMER, CONCETTA G. PO BOX 530125 NA MIAMI SHORES FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Exec. VP,Sec., Director Vollmer, Concetta G. P.O. Box 530125 NA; Miami Shores, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, ALMA B. PO BOX 530125 NA MIAMI SHORES FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition T Guy Lazzeri P.O. Box 530125 N/A, Miami Shores, Fla.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KWAL, RICHARD PO BOX 530125 NA MIAMI SHORES FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition VP David Rodriquez P.O. Box 530125,NA; Miami Shores, Fla.

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: Concetta G. Vollmer Ex.V.P. /S/ Director 2/6/95 305-577-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Concetta G. Vollmer

0420357 FP