FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F24443 (6)

Corporation Name
POGIES II, INC.

Principal Place of Business	Mailing Address
97 SW 8 STR MIAMI FL 33130 US	C/O SAUNDRA SERVICES, INC. 633 NE 167TH ST #810 N MIAMI BCH FL 33162

3. Date Incorporated or Qualified: 04/01/1981
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2091960 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	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

~~CHAPOGAS, JAMES~~
~~97 SW 8 ST~~
~~MIAMI FL~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM CHAPOGAS
82 Street Address (P.O. Box Number is Not Acceptable): 97 S.W 8 STREET
83 MIAMI FLA 33130
84 City: MIAMI FLA — FL — 85 Zip Code: 33130

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 [signature] Signature, typed or printed name of registered agent and title if applicable — WILLIAM CHAPOGAS [signature] NOTE: Registered Agent signature required when reinstating — DATE 2-16-1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~CHAPOGAS, JAMES~~ ~~97 SW 8 ST~~ ~~MIAMI, FL 00000~~ ☒ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPOGAS WILLIAM 97 S.W 8TH. STREET MIAMI FLA. 33130. DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D CHAPOGAS WILLIAM 97 S.W 8TH. STREET MIAMI FLA. 33130 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700001816117 -05/10/96--01012--036 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 72 5.1

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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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-16-1996 Date — (305) 374-4755 Daytime Phone #