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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F54054** **(4)**

1. Corporation Name
MAYRON CORP.

Principal Place of Business	Mailing Address
C/O ROBERTO J. CARRENO 12280 SW 8 ST., STE. 118 MIAMI FL 33184	C/O ROBERTO J. CARRENO 12280 SW 8 ST., STE. 118 MIAMI FL 33184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1981	3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2133769	☐ 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

WALSH, MAYRON G.
9132 S.W. 8 TERRACE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: WALSH, MAYRON, G.
82 Street Address (P.O. Box Number is Not Acceptable): 16942 S.W. 148 Ave
83: Miami FL, 33187
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 _____ DATE
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	PSD	11 TITLE	☒ Change ☐ Addition: PSD
NAME	WALSH, MAYRON G.	12 NAME	WALSH, MAYRON G.
STREET ADDRESS	9132 S.W. 8 TERRACE	13 STREET ADDRESS	16942 S.W. 148 Ave
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami FL, 33187
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(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: ✓ Mayron G. Walsh 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

001482 CP