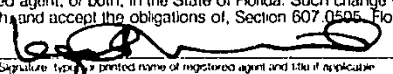


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 11:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F61520 (5)			
1. Corporation Name CHARBONNET INVESTMENTS, CO			
Principal Place of Business 777 BRICKELL AVENUE SUITE 1110 MIAMI FL 33131		Mailing Address 777 BRICKELL AVENUE SUITE 1110 MIAMI FL 33131	
2. Principal Place of Business 21 1401 Brickell Avenue Suite, Apt. #, etc. 22 Suite 1070 City & State 23 Miami, Florida Zip 24 33131		2a. Mailing Address 26 1401 Brickell Avenue Suite, Apt. #, etc. 27 Suite 1070 City & State 28 Miami, Florida Zip 29 33131	
Country 25 Dade		Country 30 Dade	
9. Name and Address of Current Registered Agent CHARBONNET, LOYS III 777 BRICKELL AVENUE SUITE 1110 MIAMI FL 33131			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Avenue 83 Suite 1070 84 City Miami 85 Zip Code FL 33131			
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  Loys Charbonnet, III, President 28 April 95 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when contesting) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PO CHARBONNET, LOYS III 777 BRICKELL AVE. #1110 MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☒ Change ☐ Addition 1401 Brickell Avenue, Suite 1070 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition
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 110.07(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:  Loys Charbonnet, III 4/28/95 305/858-0000 Signature typed or printed name of signing officer or director Date Telephone #			