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

DO NOT WRITE IN THIS SPACE

DOCUMENT # F80654 (9)

1. Corporation Name

COFAM DEVELOPMENT CORPORATION

Principal Place of Business
HOLYOKE MALL
HOLYOKE MA 01040

Mailing Address
HOLYOKE MALL
HOLYOKE MA 01040

3. Date Incorporated or Qualified: **05/06/1982**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **52-1361759** — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 that position.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	COHEN, HORACE B
STREET ADDRESS	396 WILBROD STREET
CITY-ST-ZIP	OTTOWA, ONT., CANADA
TITLE	D
NAME	COHEN, HORACE B
STREET ADDRESS	396 WILBROD STREET
CITY-ST-ZIP	OTTOWA, ONT., CANADA
TITLE	V
NAME	COHEN, SHARON
STREET ADDRESS	396 WILBROD STREET
CITY-ST-ZIP	OTTOWA, ONT., CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO (TITLE / NAME / STREET ADDRESS / 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 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: S. B. Cohen VP. 1/10/95 6135361228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403364 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # F82886 (5)

1. SANDLAND EQUIPMENT CORP.

TALLAHASSEE, FLORIDA

Principal Place of Business: ~~9501 SR 82~~ ~~1428 BRICKELL AVE., 8TH FLOOR~~ ~~FT. MYERS FL 33905~~ ~~US~~

Mailing Address: ~~P.O. BOX 60099~~ ~~1428 BRICKELL AVE., 8TH FLOOR~~ ~~FT. MYERS FL 33906-6099~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 05/26/1982

3a. Date of Last Report: 06/21/1994

2. Principal Place of Business: 9501 SR 82, Fort Myers FL 33905

2a. Mailing Address: P.O. Box 60099, Fort Myers FL 33906-6099

4. FEI Number: 59-2193272 — 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

DAVID, THOMAS L
1428 BRICKELL AVE., 8TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

Name: Paul J. Giordano
Street Address: 9501 SR 82
City: Fort Myers FL Zip Code: 33905

11. Pursuant to the provisions of the 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 the Florida Statutes.

SIGNATURE: Paul Giordano, Paul J. Giordano V.P. 04/30/95

12. OFFICERS AND DIRECTORS

Title	Name / Address
D	FERNANDEZ, HOLMANN E. 89 BAY HEIGHTS DRIVE MIAMI, FL 00000
D	FERNANDEZ, HOLMANN R. 89 BAY HEIGHTS DRIVE MIAMI, FL 00000
DP	CARDENAL, JOSE V 7705 SW 139TH TERR MIAMI, FL 00000
D	NERET, MAURICIO 6000 RIVIERA DR CORAL GABLES, FL 00000
D	ARGUELLO, RENATO 6000 RIVIERA DR CORAL GABLES, FL 00000
VP	GIORDANO, PAUL 1346 TANGLEWOOD PARKWAY FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in the Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: Paul Giordano, Paul J. Giordano, V.P. 04/10/95 813-332-5045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0449898 FP