FILE NUM; FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 21 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004130 (0)**

1. Corporation Name
SUDEXCO INC.

Principal Place of Business
12550 BISCAYNE BLVD. #301D
NORTH MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD. #301D
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 04-2856896 ☐ Applied For ☐ Not Applicable
21 12550 Biscayne Blvd	26 12550 Biscayne Blvd.	
Suite, Apt. #, etc. 22 Suite 224	Suite, Apt. #, etc. 27 Suite 224	5. Certificate of Status Desired ☐ $8.75 Additional
City & State 23 North Miami, FL	City & State 28 North Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33181 Country 25 USA	Zip 29 33181 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATTERS, CHRISTOPHER
12550 BISCAYNE BLVD., #301D
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Watters, Christopher
82 Street Address (P.O. Box Number is Not Acceptable): 12550 Biscayne Blvd, Suite 224
83
84 City: North Miami FL 85 Zip Code: 33181

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	PDC	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, BERTRAM	12 NAME	
STREET ADDRESS	640 PLEASANT ST.	13 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	14 CITY-ST-ZIP	
TITLE	VSTD	21 TITLE	☑ Change ☐ Addition
NAME	WATTERS, CHRISTOPHER G	22 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD., #301D	23 STREET ADDRESS	12550 Biscayne Blvd. #224
CITY-ST-ZIP	NORTH MIAMI FL 33181	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	

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 above, or on an attachment with an address.

SIGNATURE: CHRIS G. WATTERS 4/17/95 305 895 0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100296 CF