FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 JUL 20 PM 4:16

DOCUMENT # F96234 (2)

1. ELYS ENTERPRISES, INC.

500001545945
-07/25/95--01116--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8063 W OAKLAND PARK BLVD SUNRISE FL 33351	8063 W OAKLAND PARK BLVD SUNRISE FL 33351

3. Date Incorporated or Qualified: 08/20/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0000968 [ ] 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: 21 — Suite, Apt. #, etc.: 22 — City & State: 23 — Zip: 24 — Country: 25
2a. Mailing Address: 26 — Suite, Apt. #, etc.: 27 — City & State: 28 — Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

SILVER, ELYS
8063 W OAKLAND PARK BLVD
SUNRISE FL 33351

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 Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SILVER, ELYS H. GOODMAN
STREET ADDRESS	8063 WEST OAKLAND PARK
CITY-ST-ZIP	SUNRISE FL
TITLE	STD
NAME	SILVER, STUART
STREET ADDRESS	8063 WEST OAKLAND PARK
CITY-ST-ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

BSJ 7/20/95

14. I 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: [signature] 4-27-95 305-742-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0239687 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

PM 6:49

STATE OF FLORIDA

DOCUMENT # G07391

EAST SIDE CORPORATION

Principal Place of Business	Mailing Address
201 S. Biscayne Blvd., JDB 1600 Miami Center Miami, FL 33131	201 S. Biscayne Blvd., JDB 1600 Miami Center Miami, FL 33131

3. Date Incorporated: 11/5/1982

3a. Date of Last Report: 03/25/1994

4. FEI Number: 59--2252392 — 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 c/o Shutts & Bowen JDB	26 c/o Shutts & Bowen JDB
22 201 S. Biscayne Blvd #1600	27 201 S. Biscayne Blvd. #1600
23 Miami, FL	28 Miami, FL
24 33131 25 USA	29 33131 30 USA

9. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.,
1600 Miami Center
Miami, FL 33131

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	LECLERCQ, ALAIN
STREET ADDRESS	Le Shangri La, 11 BD
CITY-ST-ZIP	Monte Carlo, Monaco
TITLE	D
NAME	LECLERCQ, Alain
STREET ADDRESS	Le Shangri La, 11 BD
CITY-ST-ZIP	Monte Carlo, Monaco

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

200001545212
-07/25/95--01057--021
****225.00 ****225.00

CH

14. [illegible]

SIGNATURE: LECLERCQ A. President S.T. 06/05/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED
AUG
95 JUL 31 PM 2:13
...ISA

200001545722
-07/25/95--01097--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G30980** **(8)**

1. Corporate Name

ACTION TITLE COMPANY

Principal Place of Business	Mailing Address
3990 SHERIDAN ST. 110 HOLLYWOOD FL 33021 US	3990 SHERIDAN ST. 110 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: **03/29/1983**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2277531** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

GARCELL, ELIZABETH
3990 SHERIDAN ST., #110
HOLLYWOOD FL 33021

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, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (If Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	STRALEY, STEPHEN J	12 NAME		
STREET ADDRESS	505 NE 125TH STREET	13 STREET ADDRESS		
CITY ST ZIP	NORTH MIAMI, FL 00000	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☑ Change ☐ Addition
NAME	~~STARLEY, JODI L.~~	22 NAME	STRALEY, JODI L.	
STREET ADDRESS	3990 SHERIDAN ST., #110	23 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	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		CV

CR2E034 (3/95)

14. I/We 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 1, 2, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: 7-13-95 (305)462-7367
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN J. STRALEY, PRESIDENT

0023830 CP