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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **F99152** (3)

1. Corporation Name
PLANEHOLDER, INC.

Principal Place of Business	Mailing Address
% CALVIN DAVID 2950 S.W. 27 AVENUE MIAMI FL 33133	% CALVIN DAVID 2950 S.W. 27 AVENUE MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 ~~World Trade Center~~	26 ~~World Trade Center~~
~~80 S.W. 8th Street~~	~~80 S.W. 8th Street~~
Suite, Apt. #, etc. 22 Suite 2900	Suite, Apt. #, etc. 27 Suite 2900
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33130 / Country 25 USA	Zip 29 33130 / Country 30 USA

3. Date Incorporated or Qualified: 09/10/1982
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2216464 ☐ 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, CALVIN
2950 S.W. 27 AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: John M. Murray
82 Street Address (P.O. Box Number is Not Acceptable): World Trade Center, 80 S.W. 8th Street
83 Suite 2900
84 City: Miami FL 85 Zip Code: 33130

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 [signature] 1-30-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DAVID, CALVIN
STREET ADDRESS	2950 SW 27 AVE, STE 100
CITY ST ZIP	MIAMI, FL 00000
TITLE	
NAME	JOHN M. MURRAY
STREET ADDRESS	WORLD TRADE CENTER, SUITE 2900 80 S.W. 8th Street
CITY ST ZIP	Miami, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Removed as officer/director	☒ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	PST John M. Murray 80 SW 8th St Miami FL 33130	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
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 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] 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0139732 CP