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

95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G49802 (3)

1. Corporation Name

M.F.G. MANUFACTURERS REPRESENTATIVES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 140663 CORAL GABLES FL 33114-7668 US	P.O. BOX 140668 CORAL GABLES FL 33114-7668 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1983
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21 222 SW 15 Road
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33129
25 Country: USA

2a. Mailing Address
26 222 SW 15 Road
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33129
30 Country: USA

4. FEI Number: 59-2308654 ☐ 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

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Christine Adriani c/o M.F.G.
82 Street Address (P.O. Box Number is Not Acceptable): 222 SW 15 Road
83
84 City: Miami FL 85 Zip Code: 33129

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] 5-9-95
Signature, type or print name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ADRIANI, MARIO	12 NAME	
STREET ADDRESS	3811 N.E. 2 AVE.	13 STREET ADDRESS	222 SW 15 Road
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33129
TITLE	DTV	21 TITLE	☒ Change ☐ Addition
NAME	MASTELLI, ARTURO	22 NAME	
STREET ADDRESS	3811 NE 2ND AVE.	23 STREET ADDRESS	222 SW 15 Road
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33129
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	ADRIANI, CHRISTINE	32 NAME	
STREET ADDRESS	3811 N.E. 2 AVE.	33 STREET ADDRESS	222 SW 15 Road
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33129
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	BENZONI, VALERI	42 NAME	
STREET ADDRESS	3811 NE 2ND AVE.	43 STREET ADDRESS	222 SW 15 Road
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, FL 33129
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100001485391
STREET ADDRESS		53 STREET ADDRESS	-05/12/95--01026--010
CITY ST ZIP		54 CITY ST ZIP	****208.75 ****208.75
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 the 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: [signature] 4/3/95 (305) 858-8242
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Christine Adriani, DS
Title Daytime Phone #

0206603 CP