SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
95 JUL 31 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G63731** **(5)**

1. Corporation Name
QUEEN B III CORP.

Principal Place of Business	Mailing Address
C/O STEVEN SCHIFF 9955 N.KENDALL DR.#205 MIAMI FL 33176	C/O MORRIS C. PROENZA 2900 MIDDLE ST. STE. 700 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1983
3a. Date of Last Report: 02/14/1994

2. Principal Address	2a. Mailing Address
21 Cobb Partners, Inc.	26 Cobb Partners, Inc.
2333 Ponce de Leon Blvd.	2333 Ponce de Leon Blvd.
22 Suite, Apt. #, etc.: PH -1111	27 Suite, Apt. #, etc.: PH - 1111
23 City & State: Coral Gables, FL	28 City & State: Coral Gables, FL
24 Zip: 33134 25 Country: USA	29 Zip: 33134 30 Country: USA

4. FEI Number: 59-2341805 ☐ 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	10. Name and Address of New Registered Agent
PROENZA MORRIS C. 2900 MIDDLE ST. STE. 700 MIAMI FL 33133	81 Name: Andrew R. Weston 82 Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Blvd., PH 1111 83 84 City: Coral Gables FL 85 Zip Code: 33134

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: Andrew R. Weston Vice President — 7/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	COBB, CHARLES, JR.	12 NAME		
STREET ADDRESS	200 S.BISCAYNE BLVD.	13 STREET ADDRESS	2333 Ponce de Leon Blvd., PH 1111	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VPSD	21 TITLE		☒ Change ☐ Addition
NAME	PROENZA, MORRIS C	22 NAME		
STREET ADDRESS	2900 MIDDLE ST. STE. 700	23 STREET ADDRESS	Please delete Morris C. Proenza	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VPSD	☐ Change ☒ Addition
NAME		32 NAME	Andrew R. Weston	
STREET ADDRESS		33 STREET ADDRESS	2333 Ponce de Leon Blvd., PH 1111	
CITY-ST-ZIP		34 CITY-ST-ZIP	Coral Gables, FL 33134	
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		

CR2E034 (3/95)

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: Andrew R. Weston Vice President 7/25/95 (305) 441-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030713 CP