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

1995 MAY -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G82432 (7)

1. Corporation Name

HARPER CORPORATION

Principal Place of Business / Mailing Address

6039 Collins Avenue, #905
Miami Beach, Florida 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1983

3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | County — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | County — 30

4. FEI Number — ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Aguilera, Antonio, M., Esq.
815 Ponce De Leon Boulevard
Coral Gables, FLorida 33134

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: (If changing Registered Agent, this must be signed by the new Registered Agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Antonio Domingo Razzotti D/VP 815 Ponce De Leon Blvd. Coral Gables, Florida 33134	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Ricardo H. Paez, P/D 6039 Collind Avenue, #905 Miami Beach, FLorida 33140	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 300000147B029 -05/08/95--01010--020 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Eduardo Rodriguez VP/D 815 Ponce De Leon Blvd. Coral Gables, FLorida 33134	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Antonio M. AGuilera S/D 815 Ponce De Leon Blvd. Coral Gables, Florida 33134	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Carlos Rodriguez Ass.Sec/D 815 Ponce De Leon Blvd. Coral Gables, Florida 33134	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition SCC 5-1-95

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTONIO M. AGUILERA/DIRECTOR — (305) 445-8740