FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

... 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31092 (6)

1. Corporation Name
ANDROKEN CORPORATION

Principal Place of Business	Mailing Address
7400 N.W.S. RIVER DRIVE MEDLEY FL 33166 US	1474-A W. 84 ST HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1986
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2708133 — 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) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSMAN, L. MICHAEL 1474-A W. 84 ST HIALEAH FL 33014	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	TITLE ☐ Change ☐ Addition
NAME	KENNON, CHARLES L.	NAME
STREET ADDRESS	17921 N.W. 84 AVENUE	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP
TITLE	PD	TITLE ☐ Change ☐ Addition
NAME	FONT, MIGUEL	NAME
STREET ADDRESS	9301 N.W. 11 COURT	STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP
TITLE	VSD	TITLE ☐ Change ☐ Addition
NAME	OSMAN, L. MICHAEL	NAME
STREET ADDRESS	1474-A W. 84 ST	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP
TITLE	DV	TITLE ☐ Change ☐ Addition
NAME	OSMAN, CRAIG A.	NAME
STREET ADDRESS	17035 N.W. 78 COURT	STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP
TITLE	D	TITLE ☐ Change ☐ Addition
NAME	OSMAN, TY H.	NAME
STREET ADDRESS	3926 SKYLINE DRIVE	STREET ADDRESS
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95 — Date
305-823-1461 — Daytime Phone #

0084744 CP