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 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J55557 (9)

1. Corporation Name
PAR EXCELLENCE, INC.

Principal Place of Business
6988 SW 136TH ST
STE 441
MIAMI FL 33176
US

Mailing Address
% LEWIS G. GORDON, ESQ.
~~1414 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3156 Commodore Plaza
Suite, Apt. #, etc.
22: UPSTAIRS
City & State
23: MIAMI, FL
Zip: 24: 33133
County: 25: USA

2a. Mailing Address
26: 1320 So. Dixie Hwy.
Suite, Apt. #, etc.
27: 700
City & State
28: Coral Gables, FL
Zip: 29: 33146
County: 30: USA

4. FEI Number: 59-2774499
☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, LEWIS G ESQUIRE
~~1414 PONCE DE LEON BLVD.~~
~~CORAL GABLES, FL. FL 33134~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1320 So. Dixie Highway, Suite 700

83

84 City: Coral Gables
85 State: FL
Zip Code: 33146

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: William D Beers, Morrison D Beers Jr. 1215 SANTONA ST CORAL GABLES, FL 33146
(Address, City, State and Zip Code of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BEERS, MORRISON D., JR.	12 NAME	
STREET ADDRESS	1215 SANTONA ST	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BEERS, JANE W.	22 NAME	
STREET ADDRESS	533 N MAYFLOWER RD	23 STREET ADDRESS	
CITY ST ZIP	LAKE FOREST IL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

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 in attached, or on an attachment with an address.

SIGNATURE: William D Beers, Morrison D Beers Jr. 4-28-95 (905) 444-3969
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141184 CP