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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:56

DOCUMENT # **J64001** **(7)**

1. Corporation Name
FREE ZONE SERVICES, INC.

Principal Place of Business	Mailing Address
% THOMAS SCHWARTZ 2305 NW 107TH AVE. S-107 MIAMI FL 33172	% THOMAS SCHWARTZ 2305 NW 107TH AVE. S-107 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1987
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21 c/o Maria Camila Leiva
Suite, Apt. #, etc.
22 2305 N. W. 107 Ave., Ste. 107
City & State
23 Miami, Florida
Zip 24: 33172 Country 25: USA

2a. Mailing Address
26 c/o Maria Camila Leiva
Suite, Apt. #, etc.
27 2305 N. W. 107 Ave., Ste. 107
City & State
28 Miami, Florida
Zip 29: 33172 Country 30: USA

4. FEI Number: 59-2796272 ☐ 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

SCHWARTZ, THOMAS
2305 NW 107TH AVE
SUITE 107
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: LEIVA, MARIA CAMILA
82 Street Address (P.O. Box Number is Not Acceptable): 2305 N. W. 107 Avenue
83: Suite 107
84 City: Miami FL 85 Zip Code: 33172

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: Maria Camila Leiva, Director — Maria Camila Leiva — 11/26/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEIVA, MARIA CAMILA	1.2 NAME	
STREET ADDRESS	2305 NW 107TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LEIVA, GERMAN	2.2 NAME	
STREET ADDRESS	2305 NW 107TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Maria Camila Leiva — January 26, 1995 — (305) 591-4300 Ext. 127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Maria Camila Leiva

0186100 CP