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 APR 18 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J75283** **(8)**

1. Corporation Name
CONSURAM, INC.

Principal Place of Business	Mailing Address
16433 NE 26 AVENUE ~~SUITE 1115~~ NORTH MIAMI BEACH FL 33160 US	16345 WEST DIXIE HWY SUITE 1115 N.MIAMI BCH. FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21: Address above OK
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: but no Suite No.
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2823210** ☐ 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

GRAEFE, CARL W.
16433 N.E. 26 AVE.
N.MIAMI BCH. FL 33160

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	GRAEFE, CARL W.	12 NAME		
STREET ADDRESS	16433 N.E. 26 AVE.	13 STREET ADDRESS		
CITY ST ZIP	N.MIAMI BCH. FL	14 CITY ST ZIP		
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	GRAEFE, RAMONA B.	22 NAME		
STREET ADDRESS	16433 N.E. 26 AVE.	23 STREET ADDRESS		
CITY ST ZIP	N.MIAMI BCH. FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, ALEJANDRO, J.	32 NAME		
STREET ADDRESS	16433 N.E. 26TH AVE.	33 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL	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 if changed, or on an attachment with an address.

SIGNATURE: C.W. Graefe C.W. Graefe 04/12/95 (506) 949-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0172058 CF