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 FEB -1 AM 11:13

DOCUMENT # J80073 (6)

1. Corporation Name
6111 CORPORATION

Principal Place of Business	Mailing Address
19397 NORTHWEST 13TH STREET 6111 NW 199TH ST PEMBROKE PINES FL 33029 US	19397 NORTHWEST 13TH STREET 6111 NW 199TH ST PEMBROKE PINES FL 33029 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1987
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21: 19397 N.W. 13th St.
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines, FL
24: Zip: 33029
25: Country: USA

2a. Mailing Address
26: 19397 N.W. 13th St.
27: Suite, Apt. #, etc.
28: City & State: Pembroke Pines, FL
29: Zip: 33029
30: Country: USA

4. FEI Number: 59-2812532 ☐ 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

HOREN, MICHAEL
6111 NW 199TH ST
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: HOREN, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 19397 NW 13th St.
83:
84 City: Pembroke Pines, FL 85 Zip Code: 33029

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: Michael Horen (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOREN, MICHAEL	1.2 NAME	
STREET ADDRESS	19397 NORTHWEST 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOREN, CHERYL G.	2.2 NAME	
STREET ADDRESS	19397 NORTHWEST 13TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES 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: Michael Horen Michael Horen 1-21-95 305-963-2798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110280 CP