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 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # K00873 (5)

1. Corporation Name
6342 PROPERTIES, INC.

Principal Place of Business
C/O JEFFREY ALLIANIELLO
~~3950 NORTHLAKE BLVD #241~~
~~LAKE PARK FL 33403~~

Mailing Address
C/O JEFFREY ALLIANIELLO
~~176 U.S. HIGHWAY ONE~~ 177 USHWY 1
TEQUESTA FL 33469
US

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21 177 US HWY ONE
Suite, Apt #, etc
22 # 251
City & State
23 TEQUESTA, FL
Zip 24 33469 Country 25 USA

2a. Mailing Address
26 177 U.S HWY 1
Suite, Apt #, etc
27 #251
City & State
28 TEQUESTA FL
Zip 29 33469 Country 30 USA

4. FEI Number: 65-0020689 — 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
ALLIANIELLO, JEFFREY
~~3950 NORTHLAKE BLVD, #241~~ 177 US HWY 1
~~LAKE PARK FL 33403~~ #251
TEQUESTA, FL 33469

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: (Signature of a particular officer, director, registered agent, and title if applicable) (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLIANIELLO, JEFFREY
STREET ADDRESS	~~3950 NORTHLAKE BLVD #241~~ 177 U.S. Hwy 1
CITY, ST, ZIP	~~LAKE PARK FL~~ TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

REMITTED BY MAY 1

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect and be 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 (changed) or on an attachment with an address.

SIGNATURE: Jeffrey L. Alianiello JEFFREY L. ALIANIELLO 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430002 FP