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 JUL 28 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001550451
-08/01/95--01054--017
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # K02254

1. Corporation Name
PAULA BLACK AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3006 Aviation Ave. #3A Coconut Grove, Fl 33133	3006 Aviation Ave.#3A Coconut Grove, FL 33133

3. Date Incorporated or Qualified: 11/13/87
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3006 Aviation Ave.	26 3006 Aviation Ave.
Suite, Apt. #, etc. 22 3A	Suite, Apt. #, etc. 27 3A
City & State 23 Coconut Grove, FL	City & State 28 Coconut Grove, FL
Zip / Country 24 33133 / 25 Dade	Zip / Country 29 33133 / 30 Dade

4. FEI Number: 65-0016832 ☐ 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	10. Name and Address of New Registered Agent
Paula Black 3006 Aviation Ave., #3A Coconut Grove, FL 33133	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 Paula Black
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 / NAME / STREET ADDRESS / CITY ST ZIP	P/T/D Paula Black 3006 Aviation Ave., #3a Coconut Grove, FL 33133	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition P/T/D Paula Black 3006 Aviation Ave,, #3A Cocconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/S Sherri Vailes-Savage 3006 Aviation Ave., #3A Coconut Grove, FL 33133	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition V/S Jane C. McGeary 3006 Aviation Ave., #3A Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T.S. 7/28/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Paula Black — Paula Black — 7/25 — 305-859-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #