SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25882 (7)

1. Corporation Name
AUSIN CORP.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 9050 Pines Blvd.
Suite, Apt. #, etc.
22 450
City & State
23 Pembroke Pines, FL
Zip 24 33024 Country 25 USA

2a. Mailing Address
26 9050 Pines Blvd.
Suite, Apt. #, etc.
27 450
City & State
28 Pembroke Pines, FL
Zip 29 33024 Country 30 USA

4. FEI Number: 65-0095792 ☐ 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

BRAMNICK, MARIO
999 PONE DE LEON BLVD.
STE 1000
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd.
83 # 450
84 City Pembroke Pines FL 85 Zip Code 33024

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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LEURIDAN, JAN	12 NAME	
STREET ADDRESS	5400 S UNIVERSITY DR	13 STREET ADDRESS	Skybox 018-00158 4405 N.W. 73 Ave.
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SAAVEDRA, ROSSANA	22 NAME	
STREET ADDRESS	5400 S UNIVERSITY DR	23 STREET ADDRESS	Skybox 018-00158 4405 N.W. 73 Ave.
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Miami, FL 33166
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	700001824147
STREET ADDRESS		43 STREET ADDRESS	-05/16/96--01028--005
CITY-ST-ZIP		44 CITY-ST-ZIP	***175.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	200001824152-1-96
STREET ADDRESS		53 STREET ADDRESS	-05/16/96--01028--006
CITY-ST-ZIP		54 CITY-ST-ZIP	***50.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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: [signature] JAN LEURIDAN 4-7-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #