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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:02

DOCUMENT # K28964 (0)

1. Corporation Name
U.S. PROPERTIES, INC.

Principal Place of Business
1925 BRICKELL AVE., SUITES D-205/206
MIAMI FL 33129

Mailing Address
2601 S BAYSHORE DR
#1600
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

c/o Gunster Yoakley et al | c/o Gunster Yoakley et al

2. Principal Place of Business	2a. Mailing Address
21 Two South Biscayne Blvd	26 Two South Biscayne Blvd
22 Suite, Apt #, etc Suite 3400	27 Suite, Apt #, etc Suite 3400
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131 25 Country USA	29 Zip 33131 30 Country USA

3. Date Incorporated or Qualified: 07/20/1988
3a. Date of Last Report: 08/05/1994
4. FEI Number: 65-0063553 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX — $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 XX No

9. Name and Address of Current Registered Agent

FERNANDEZ-QUINCOCES, GUILLERMO
M.Z. REGISTERED AGENT CORP.
2601 S BAYSHORE DR., STE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Valdes Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): Two South Biscayne Boulevard
83 Suite 3400
84 City: Miami FL 85 Zip Code 33131

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 the position.

SIGNATURE Valdes Fauli Corporate Services, Inc.
by: Guillermo J. Fernandez-Quincoces, Vice President

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PD	GARCIA-MENA, EMILIO	1925 BRICKELL AVE - 205/206	MIAMI FL
TSD	SAN PEDRO-MARTINEZ JAVIE	1925 BRICKELL AVE - 205/206	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	X Change ☐ Addition
1.2 NAME	Garcia Mena, Emilio	
1.3 STREET ADDRESS	Two South Biscayne Blvd; Suite 3400	
1.4 CITY ST ZIP	Miami, FL 33131	

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: Emilio Garcia Mena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95 DATE

(305) 376-6094 DAYTIME PHONE

0134466 CP

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Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAY -1 PM 12:01

DOCUMENT # **K29447** **(5)**

1. Corporation Name

GULLOTTA'S AUTO BODY OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
6506 SAN CASA DR ENGLEWOOD FL 34224	6506 SAN CASA DR ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1988**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **65-0062663** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERR, S. SY
AYN KASEF CORPORATION
523 S. WASHINGTON BLVD.
SARASOTA FL 34236

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRT	11 TITLE	☐ Change ☐ Addition
NAME	GULLOTTA, RICHARD	12 NAME	
STREET ADDRESS	56 HARVARD STREET	13 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	GULLOTTA, BARBARA	22 NAME	
STREET ADDRESS	56 HARVARD STREET	23 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	GULLOTTA, BARBARA	32 NAME	
STREET ADDRESS	6506 SAN CASA DR	33 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD 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: Barbara A. Gullotta 5/16/95 (813)475-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

034K29 CP

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Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 ... 11:55

DOCUMENT # **K30837** **(4)**

1. Corporation Name
OAKLAND MEDICAL SUPPLY COMPANY

Principal Place of Business	Mailing Address
1640 W OAKLAND PRK BLVD STE 201 FORT LAUDERDALE FL 33311	1640 W OAKLAND PRK BLVD STE 201 FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1988**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **65-0074604** ☐ 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

BARBA, CHRISTINE
1640 W OAKLAND PRK BLVD STE 201
FORT LAUDERDALE FL 33313

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
(Typed or printed 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	P	11 TITLE	☐ Change ☐ Addition
NAME	BARBA, CHRISTINE	12 NAME	
STREET ADDRESS	1640 W OAKLAND PARK BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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	
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)(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 AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Q81A407 CP