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 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K57607** **(9)**

1. Corporate Name
HURST PLASTERING, INC.

Principal Place of Business	Mailing Address
221 18TH AVENUE, NW NAPLES FL 33999	221 18TH AVENUE, NW NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1989**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0098969** — 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. The corporation desires to participate in TPEFCF Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANTOR ACCOUNTING, INC. 4100 CORPORATE SQUARE STE. 168 NAPLES FL 33942	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 Section 607.0505, Florida Statutes, the undersigned corporation agrees to designate the above named person to accept service of process within Florida on behalf of the corporation and to accept the appointment as registered agent to such corporation upon whom such process may be served. (See Section 607.0505, Florida Statutes)

SIGNATURE

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, DELETIONS AND/OR NAME/ADDRESS CHANGES
P HURST, BRYAN 221 18TH AVE., NW NAPLES FL	☐ Change ☐ Addition
VT HURST, TERRI 221 18TH AVE., NW NAPLES FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is complete and accurate, and that I am duly authorized by the corporation or limited liability company to sign this report. I further certify that the corporation or limited liability company named above has complied with the provisions of Section 607.0505, Florida Statutes, and that I am signing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above, if changed, or is attached with any address.

SIGNATURE: Bryan Hurst — Bryan Hurst 5/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0035711 CP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

FLORIDA

DOCUMENT # K58304 (2)

1. Corporate Name
REGATTA POINTE YACHT SALES, INC.

Principal Place of Business	Mailing Address
985 RIVERSIDE DRIVE PALMETTO FL 34221	985 RIVERSIDE DRIVE PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/13/1989**
3a. Date of Last Report: **07/26/1994**

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

4. FEI Number: **65-0093672** ☐ 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

MARSH, CURTIS M.
985 RIVERSIDE DR.
PALMETTO FL 34221

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
(If changing Registered Agent, Registered Agent must sign.) (If changing Registered Agent, new Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	MARSH, CURTIS M.	12 NAME	
03 STREET ADDRESS	985 RIVERSIDE DR.	13 STREET ADDRESS	
04 CITY ST ZIP	PALMETTO FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 added by attachment with an address.

SIGNATURE: Curtis M. Marsh Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0347878 CP

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

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K59378** **(5)**

1. Corporate Name

ANCHORAGE SQUARE DECORATORS, INC.

Principal Place of Business

C/O NICHOLAS D'AMORE
953 N. COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

C/O NICHOLAS D'AMORE
953 N. COLLIER BLVD.
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

State Agt. # or — 22

State Agt. # or — 27

City & State — 23

City & State — 28

24 — 25 — 29 — 30

4. FEI Number: **65-0093939** — 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. Does corporation qualify for exemption under F.S. 220.183? Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

D'AMORE, NICHOLAS
953 N. COLLIER BLVD
MARCO ISLAND FL 33937

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 Section 607.193(2)(d), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized to transact business in the State of Florida, consents to the appointment of the registered agent and is familiar with and accepts the obligations of its position as registered agent under Florida Statutes.

SIGNATURE

12.	OFFICER AND DIRECTOR
Title	PS
Name	NICOLES D' AMORE
Street Address	951 N COLLIER BLVD
City-State-Zip	MARCO ISLAND FL
Title	VPT
Name	LUCILLE D' AMORE
Street Address	951 N COLLIER BLVD
City-State-Zip	MARCO ISLAND FL

13. ADDITION OF OFFICER/DIRECTOR OR AMENDMENT OF NAME OR ADDRESS

[ ] Change [ ] Addition

14. I declare that I have read the foregoing and that the facts stated herein are true. I am aware that the information supplied with this report is subject to the penalties imposed by Section 817.155, Florida Statutes, for knowingly making false statements in reports required by the Florida Secretary of State. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 above, or on an attachment with an address.

SIGNATURE: Lucille D'Amore V.Pres 5-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE

0328001 CP

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

TALLAHASSEE, FLORIDA

DOCUMENT # **K59683** **(8)**

1. Entity Name
BAILEY REAL ESTATE CORPORATION

Principal Place of Business
%KEVIN BAILEY
6156 NW 19TH COURT
MARGATE FL 33063

Mailing Address
%KEVIN BAILEY
6156 NW 19TH COURT
MARGATE FL 33063

Document Number (If Known)

3. Date Incorporated/Qualified: **01/20/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

City, State, Zip
23

City, State, Zip
28

24 25 29 30

4. FEI Number: **65-0100564** ☐ 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. Is the corporation filing for the first time to report information under s. 607.0502, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, KEVIN
6156 NW 19TH COURT
MARGATE FL 33063

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 Section 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. Florida is to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PVT Name: BAILEY, KEVIN Address: 6156 NW 19TH COURT City-St-Zip: MARGATE FL	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: The annual report or supplemental annual report fee and any penalties and interest, if any, are enclosed. For not for profit corporations only: If applicable, the mailing address and the name and address of the person authorized to receive the annual report are provided. I am familiar with and accept the duties and responsibilities as 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 above, or on an attachment with an address.

SIGNATURE: Kevin Bailey 5/15/95 (305)979 8891
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0106575 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60511 (8)

1. Current Name
OPTH-LUX INC.

Principal Place of Business
C/O ROBERT J. PUYADA
124 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address
C/O ROBERT J. PUYADA
124 MADEIRA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1989

3a. Date of Last Report: 04/21/1994

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

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

4. FEI Number: 65-0099237

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. Is this corporation currently qualified for exemption from the taxation of intangible personal property under Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CASTILLO, BASILIO
3240 N.W. 4TH STREET
CORAL GABLES FL 33125

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 Section 607.0505, 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. The street address of the registered office and the name of the registered agent are exactly as stated above, and the street address of the registered office is identical to the address of the registered agent.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	PSD
Name	PUYADA DE CASTILLO, MIGD
Address	3240 NW 4TH STREET
City	CORAL GABLES FL
Title	TD
Name	PUYADA, JULIAN
Address	124 MADEIRA AVENUE
City	CORAL GABLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

Title [ ] Change [ ] Addition
Name
Address
City

Title [ ] Change [ ] Addition
Name
Address
City

Title [ ] Change [ ] Addition
Name
Address
City

Title [ ] Change [ ] Addition
Name
Address
City

Title [ ] Change [ ] Addition
Name
Address
City

Title [ ] Change [ ] Addition
Name
Address
City

14. I further certify that the information supplied with this report is accurate and that each officer and director has consented to serve as an officer or director as listed. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a violation of section 817.155, Florida Statutes. I understand that the signature below constitutes my resignation as registered agent if I am now the registered agent of this corporation.

SIGNATURE: X [illegible]
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR

5/18/95 305-446-0187
DATE TELEPHONE

0136060 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K61530 (7)

1. Corporation Name
KATO & ASSOCIATES, INC.

Principal Place of Business: 2990 TULIP DRIVE, COOPER CITY FL 33026

Mailing Address: 2990 TULIP DRIVE, COOPER CITY FL 33026

FILED ... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1989

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0099559 [ ] 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. ... Florida Statutes [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address / Suite, Apt. # etc. / City & State / Zip / Country

9. **Name and Address of Current Registered Agent**

OLIVADOTTI, MR. & MRS THOMAS
2990 TULIP DRIVE
COOPER CITY FL 33026

10. **Name and Address of New Registered Agent**

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. ... 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:

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	OLIVADOTTI, KAREN
STREET ADDRESS	2990 TULIP DR
CITY-ST-ZIP	COOPER CITY FL
TITLE	VTS
NAME	OLIVADOTTI, THOMAS
STREET ADDRESS	2990 TULIP DR
CITY-ST-ZIP	COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

14. I 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: Karen Olivadotti — May 16, 1995 — (305) 437-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Karen Olivadotti

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **K62099** **(2)**

1. Entity Name

CELEBRITY KIDS CLUB, INC.

Principal Place of Business

2511 5TH AVE., SOUTH
ST. PETERSBURG FL 33712

Mailing Address

2511 5TH AVE., SOUTH
ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1989**

3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-2934954** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ST
24

ZIP Code
25

ST
29

ZIP Code
30

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLMES, CYNTHIA D.
701 58TH AVE., SOUTH
ST. PETERSBURG FL 33705

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 Section 607.1007 and/or 617.1905, 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 that position as provided for by Florida Statutes.

SIGNATURE: Cynthia D. Holmes CYNTHIA D. HOLMES 5/16/95

(Signature of the President, Vice President, Secretary, Assistant Secretary, Treasurer or Agent appointed to receive service of process) (Registered Agent Signature Required)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.
PD HOLMES, CYNTHIA D. 701 58TH AVE., SOUTH ST. PETERSBURG FL	☐ Change ☐ Addition
DST KEYS, CARRIE N. 17930 N.W. 25TH AVE. MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Cynthia D. Holmes 5/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0911110 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

'95 MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **K64741** **(7)**

1. Corporate Name

MINVEST CORPORATION

Principal Place of Business	Mailing Address
330 SW 27TH AVENUE SUITE 302 MIAMI FL 33135	330 SW 27TH AVENUE SUITE 302 MIAMI FL 33135

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/10/1989**

3a. Date of Last Report: **08/26/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **65-0168230** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

(24) (25) / (29) (30)

7. This corporation is subject to investigation by the Florida Department of Legal Affairs pursuant to Section 617.1928, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, ALTAGRACIA
330 SW 27TH AVE #302
MIAMI FL 33135

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 Section 607.0501 and/or 617.1905, 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

(If changing Registered Agent, Agent must sign here) (If changing Registered Agent, agent must sign here) (Date)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
(81) DP (84) YOSHIMURA, KAZUAKI (82) 330 SW 27TH AVE #302 (83) MIAMI FL	(81) ☐ Change ☐ Addition (84) (82) (83)
(81) VM (84) SANCHEZ, ALTAGRACIA (82) 330 SW 27TH AVE #302 (83) MIAMI FL	(81) ☐ Change ☐ Addition (84) (82) (83)
(81) (84) (82) (83)	(81) ☐ Change ☐ Addition (84) (82) (83)
(81) (84) (82) (83)	(81) ☐ Change ☐ Addition (84) (82) (83)
(81) (84) (82) (83)	(81) ☐ Change ☐ Addition (84) (82) (83)
(81) (84) (82) (83)	(81) ☐ Change ☐ Addition (84) (82) (83)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: Altagracia Sanchez 1/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0143068 CP