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 MAR -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59007 (0)

1. Corporation Name

ARGOSY INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6303 BLUE LAGOON DR STE 364 MIAMI FL 33126 US	6303 BLUE LAGOON DR #364 MIAMI FL 33126 US

3. Date Incorporated or Qualified: 01/18/1989
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0123483 — 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

Zip (24) / Country (25) / Zip (29) / Country (30)
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
CARLSON, ALEX E. 145 CURTISS PKWY MIAMI SPRINGS FL 33166	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 above) (If NEW Registered Agent, signature required when necessary) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: HOLBERT, ROBINSON S. STREET ADDRESS: ~~6101 BLUE LAGOON DR 440~~ 6303 Blue Lagoon #364 CITY-ST-ZIP: MIAMI FL 33126	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: T NAME: PERERA, MARISELA STREET ADDRESS: ~~6101 BLUE LAGOON DR 440~~ 6303 Blue Lagoon #364 CITY-ST-ZIP: MIAMI FL 33126	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S NAME: HOLBERT, LESLEY M. STREET ADDRESS: ~~6101 BLUE LAGOON DR 440~~ 6303 Blue Lagoon #364 CITY-ST-ZIP: MIAMI FL 33126	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
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	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

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 any attachment with an address.

SIGNATURE: [signature] 1/30/95 266-7564
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone #

0183707 CP