SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:17

DOCUMENT # K81761 (4)

1. Corporation Name
STONEHEDGE CORPORATION

Principal Place of Business
830 N.W. 197TH TERRACE
MIAMI FL 33169

Mailing Address
830 N.W. 197TH TERRACE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1989
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2821009 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 165 NE 186 Ter	26 830 NW 197 Ter
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Miami Fl.	28 City & State: Miami Fl
24 Zip: 33169 25 Country: Dade	29 Zip: 33169 30 Country: Dade

9. Name and Address of Current Registered Agent

DAVIS, SHAUN
5042 PEMBROKE ROAD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

61 Name: Harrison Donald
62 Street Address (P.O. Box Number is Not Acceptable): 9600 Cutler Ridge Dr
63
64 City: Miami FL 65 Zip Code: 33157

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: [signature] 6/26/95
(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 12. OFFICERS AND DIRECTORS	
TITLE	PD	1 1 TITLE	PD ☐ Change ☐ Addition
NAME	TAYLOR, SAMUEL	1 2 NAME	Taylor Samuel
STREET ADDRESS	830 N.W. 197TH TERRACE	1 3 STREET ADDRESS	830 NW 197 Ter
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	Miami Fl
TITLE	VD	2 1 TITLE	VD ☐ Change ☐ Addition
NAME	TAYLOR, LORNA	2 2 NAME	Taylor Lorna
STREET ADDRESS	830 N.W. 197TH TERRACE	2 3 STREET ADDRESS	830 NW 197 Ter
CITY - ST - ZIP	MIAMI FL	2 4 CITY - ST - ZIP	Miami Fl
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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: [signature] Samuel Taylor 6/18/95 (305) 652-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)