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 14 PM 2:25

DOCUMENT # K85976 (4)

1. Corporation Name

MARLEX HOUSING CORPORATION OF BOCA CENTRE

Principal Place of Business	Mailing Address
21301 POWERLINE RD STE 301 BOCA RATON FL 33433	21301 POWERLINE RD STE 301 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 2201 N.W. CORPORATE BLVD
22 Suite, Apt #, etc: SUITE # 104
23 City & State: BOCA RATON, FL
24 Zip: 33431
25 Country: USA

2a. Mailing Address
26 2201 N W CORPORATE BLVD
27 Suite, Apt # etc: SUITE # 104
28 City & State: BOCA RATON, FL
29 Zip: 33431
30 Country: USA

4. FEI Number: 65-0117995 ☐ 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

BLASI, ANDREW B, PA
ARVIDA PARKWAY CENTRE
7900 GLADES RD, STE 445
BOCA RATON 33434

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	PS ☒ Change ☐ Addition
NAME	SHUM JACK P	12 NAME	DONALD C. ALEXANDER
STREET ADDRESS	21301 POWERLINE RD SUITE 301	13 STREET ADDRESS	2201 N.W CORPORATE BLVD STE #104
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	DV	21 TITLE	VT ☒ Change ☐ Addition
NAME	SHUM, JACK	22 NAME	NORMA J. TREADWELL
STREET ADDRESS	21301 POWERLINE ROAD	23 STREET ADDRESS	2201 N W CORPORATE BLVD. STE #104
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	AS	31 TITLE	AS ☒ Change ☐ Addition
NAME	LEE LISA M	32 NAME	MARIANE ALEXANDER
STREET ADDRESS	21301 POWERLINE RD SUITE 301	33 STREET ADDRESS	2201 N W CORPORATE BLVD STE #104
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, MARIAN	42 NAME	
STREET ADDRESS	21301 POWERLINE ROAD #301	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	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: Norma J. Treadwell 6/8/95 (407)989-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORMA J. TREADWELL, VP and TREASURER

0202044 CP

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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K86636 (3)

1. Corporation Name
BIAR INCORPORATED

Principal Place of Business	Mailing Address
3735 S LAKE DR MIAMI FL 33155 US	P O BOX 970132 MIAMI FL 33197 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1989
3a. Date of Last Report: 05/19/1994

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: 65-0121535 ☐ 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

GALYAGNI, MARIA C
3735 S LAKE DR
MIAMI FL 33155

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 _____ (Signature, 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 OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	~~VP~~ SECRETARY AND TREASURER	☒ Change ☐ Addition
NAME	GALYAGNI, DANIEL	12 NAME	GALYAGNI MARY C	
STREET ADDRESS	3735 S LAKE DR	13 STREET ADDRESS	3735 S LAKE DR	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIA FL	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	GALVAGNI, MARY C	22 NAME		
STREET ADDRESS	3735 S LAKE DR	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	DAMASSO, CARLOS	32 NAME		
STREET ADDRESS	3785 S LAKE DR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	GARCIA, GEORGE	42 NAME		
STREET ADDRESS	3735 S LAKE DR	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	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		

NO MORE

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 above, or on an attachment with an address.

SIGNATURE: _____ 06/08/95 (305) 255-2976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431077 FP

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K86888 (0)

1. Corporation Name

MARLEX HOUSING CORPORATION OF SAN MICHEL, INC.

Principal Place of Business	Mailing Address
21301 POWERLINE ROAD STE 301 BOCA RATON FL 33433	21301 POWERLINE ROAD STE 301 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
2a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0118706 — Applied For / Not Applicable

	2. Principal Place of Business		2a. Mailing Address
21	2201 N.W. CORPORATE BLVD	26	2201 N.W. CORPORATE BLVD
22	Suite, Apt. #, etc. SUITE #104	27	Suite, Apt. #, etc. SUITE #104
23	City & State BOCA RATON, FL	28	City & State BOCA RATON, FL
24	Zip 33431 — 25 Country USA	29	Zip 33431 — 30 Country USA

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

BLASI, ANDREW B, PA
ARVIDA PARKWAY CENTRE
7900 GLADES RD, STE 445
BOCA RATON FL 33434

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 ______ Signature, typed or printed name of registered agent and title if applicable — DATE — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	P/S ☒ Change ☐ Addition
NAME	SHUM, JACK P	1.2 NAME	DONALD C. ALEXANDER
STREET ADDRESS	21301 POWERLINE RD, STE 301	1.3 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP	BOCA RATON, FL 33431
TITLE	AS	2.1 TITLE	AS ☒ Change ☐ Addition
NAME	LEE, LISA M	2.2 NAME	MARIAN E. ALEXANDER
STREET ADDRESS	21301 POWERLINE RD, STE 301	2.3 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP	BOCA RATON FL	2.4 CITY ST ZIP	BOCA RATON, FL 33431
TITLE		3.1 TITLE	V/T ☐ Change ☒ Addition
NAME		3.2 NAME	NORMA J. TREADWELL
STREET ADDRESS		3.3 STREET ADDRESS	2201 N.W. CORPORATE BLVD. #104
CITY ST ZIP		3.4 CITY ST ZIP	BOCA RATON, FL 33431
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)(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: Norma J. Treadwell — 6/8/95 — (407) 989-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORMA J. TREADWELL, VP and TREASURER

0262050 CP