4-20-95 B-3953

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K97240 (1)

1. Corporation Name
S.W. AGENCY, INC.

Principal Place of Business	Mailing Address
~~745 COLLINS AVE~~ 7441 WAYNE AVE. 14E. MIAMI BEACH FL. 33141	PO BOX 190903 MIAMI BEACH FL ~~33139~~ 33119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/22/1989	04/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For ☐ Not Applicable
21 7441 WAYNE AVE,	26 S. W. AGENCY INC.	65-0130466	
Suite, Apt. #, etc. 22 14 E	Suite, Apt. #, etc. 27 P.O. BOX 190903	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI BCH. FL.	City & State 28 MIAMI BCH. FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33141 Country 25 U.S.A.	Zip 29 33119 Country 30 USA.	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
WIRTH, SAMUEL ~~745 COLLINS AVE~~ ~~P.O. BOX 190903~~ ~~MIAMI BEACH FL 33139~~ ~~33119~~ 7441 WAYNE AVE 14E MIAMI BEACH FL. 33141	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	D	11 TITLE	☐ Change ☐ Addition
NAME	WIRTH, SAMUEL	12 NAME	
STREET ADDRESS	~~745 COLLINS AVE~~ 7441 WAYNE AVE 14E	13 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BEACH FL~~ MIAMI BCH. FL. 33141	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	$75.11
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	DEPOSITED BY MK
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: Samuel Wirth SAM WIRTH 4/16/95 305-867-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427240 FP