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 -1 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34226 (5)

1. Corporate Name

DMW INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
42 TREETOP CIR ORMOND BEACH FL 32174 US	42 TREETOP CIR ORMOND BEACH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1989
3a. Date of Last Report: 08/17/1994

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

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

4. FEI Number: 59-2995532 ☐ 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

DABBE, LOU W.
42 TREETOP CIR
ORMOND BEACH FL 32174

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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DABBE, LOU WALID	1.2 NAME	
STREET ADDRESS	42 TREETOP CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 Date

(904) 487-0000 Daytime Phone #

0010821 CP

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

DOCUMENT # L35714 (9)

1. Corporation Name
PARKLAND HOMES, INC.

Principal Place of Business	Mailing Address
328-D PARK AVE., NORTH WINTER PARK FL 32789	328-D PARK AVE., NORTH WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2979196 ☐ 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 — 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

9. Name and Address of Current Registered Agent

GEORGE, WILLIAM H .
%PARKLAND HOMES, INC.
328-D PARK AVE. N.
WINTER PARK FL 32789

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEORGE, WILLIAM H.
STREET ADDRESS	468 VIRGINIA DR.
CITY-ST-ZIP	WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. George

4/30/95 Date
407-644-3295 Daytime Phone #

0041364 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

DOCUMENT # L35921 (0)

1. Corporation Name

OPTIMA CORPORATION

Principal Place of Business	Mailing Address
10691 S.W. 88TH STREET SUITE 301 MIAMI FL 33176	10691 S.W. 88TH STREET SUITE 301 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5370 S.W. 144 AVE.	2a. Mailing Address: 5370 S.W. 144 AVE.
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: MIAMI FL.	City & State: MIAMI FL
Zip: 33175	Zip: 33175

3. Date Incorporated or Qualified: 12/13/1989
3a. Date of Last Report: 12/13/1994
4. FEI Number: 65-0164791 — 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 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
RODRIGUEZ, FLORENTINO G. 15927 S.W. 54 STREET MIAMI FL 33185	Name: RODRIGUEZ FLORENTINO G. Street Address (P.O. Box Number is Not Acceptable): 5370 S.W. 144 AVE. City: MIAMI FL Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 the position as set forth in Florida Statutes.

SIGNATURE ______ 4/27/95

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RODRIGUEZ, OCTAVIO
STREET ADDRESS	14376 S.W. 98TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	RODRIGUEZ, FLORENTINO G.
STREET ADDRESS	14376 S.W. 98TH TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	HALLETT, ELLIS ARCHER
STREET ADDRESS	14376 S.W. 98TH TERRACE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition
V
RODRIGUEZ FLORENTINO G.
5370 S.W. 144 AVE.
MIAMI FL. 33175

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENTINO G. RODRIGUEZ 4/27/95 (305) 863-6181

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

0193522 CP