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 AM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41506** **(1)**

1. Corporation Name
BUDIAR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1925 BRICKELL AVE., SUITE 206-D MIAMI FL 33129	1925 BRICKELL AVE., SUITE 206-D MIAMI FL 33129

3. Date Incorporated or Qualified: **01/08/1990**
3a. Date of Last Report: **05/01/1994**

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

2a. Mailing Address
26 C/o G.J. F-Quinocoes
Gunster Yoakly V-F, & Stewart
Suite, Apt. #, etc. 27 Suite 3400
City & State 28 Two South Biscayne Blvd.
Miami, FL
Zip 29 33131-1897
Country 30 USA

4. FEI Number: **65-0242614** ☐ 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	10. Name and Address of New Registered Agent
SUAREZ, ROSALBA 1925 BRICKELL AVE., #206 MIAMI FL 33129	81 Name: Valdes-Fauli Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): Two South Biscayne Boulevard; Suite 3400 83 84 City: Miami FL 85 Zip Code: 33131-1897

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: Guillermo J. Fernandez-Quinocoes 4/28/95
Guillermo J. Fernandez-Quinocoes (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DIAZ-ARIAS, JOSE MANUEL	12 NAME	
STREET ADDRESS	1925 BRICKELL AVE. # 206	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SORIA, MANUEL	22 NAME	
STREET ADDRESS	1925 BRICKELL AVE., #206	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WARNER, ROSALBA	32 NAME	
STREET ADDRESS	1925 BRICKELL AVE.,#206	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	VPS	41 TITLE	☐ Change ☐ Addition
NAME	SALINAS, MARIANO	42 NAME	
STREET ADDRESS	1925 BRICKELL AVE 206	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	

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: Rosalba Warner 4/28/95 (305) 376-6094
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Rosalba Warner, Treasurer — Date — Daytime Phone #

0188243 CP