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 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L60667

1. Corporation Name

Prince Industries, Inc.

Principal Place of Business	Mailing Address
6520 S.W. 131 Street Miami, FL 33156	P.O. Box 14-1156 Coral Gables, FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990

3a. Date of Last Report: 06/20/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0191599 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / 29 — Country — 25 / 30

7. This corporation has liability for intangible tax under § 199.032, *Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Forman, Terry J.
1521 S.W. LeJeune Road
Coral Gables, FL 33134

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 reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	Forman, Terry J.	12 NAME	
STREET ADDRESS	1521 S.W. LeJeune Road	13 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY ST ZIP	
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	Patterson, Susan	22 NAME	
STREET ADDRESS	6520 S.W. 131 Street	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	Patterson, Susan	32 NAME	
STREET ADDRESS	6520 S.W. 131 Street	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	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	
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	5-1-95 1.0.

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] TERRY J. FORMAN 5/1/95 (305) 444-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #