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 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L63140 (2)

1. Corporation Name
LA BRIOCHE DOREE, INC.

Principal Place of Business
4017 PRAIRIE AVENUE
MIAMI BEACH FL 33140

Mailing Address
4017 PRAIRIE AVENUE
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1990
3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0183660 ☐ 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

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

MOODY, STEVE E.
MOODY AND JONES, P.A.
1333 S. UNIVERSITY DR., STE. 201
PLANTATION FL 33324

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

TITLE	DP
NAME	MAILAL, EDOUARD
STREET ADDRESS	4017 PRAIRIE AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0180104 CP

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CORPORATION ANNUAL REPORT
1995

5-1-95 B 100520

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED AND FILED
[illegible] 11:35
[illegible], FLORIDA

DOCUMENT # **L64338** **(1)**

1. Corporate Name
HOME CONSULTS, INC.

Principal Place of Business	Mailing Address
2916 BAY VIEW AVE TAMPA FL 33611 US	2916 BAY VIEW AVE TAMPA FL 33611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/06/1990	03/14/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3005093	☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	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
SLOMAN, RONALD J. 2916 BAY VIEW AVE TAMPA FL 33611	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 Section(s) 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 [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	71 TITLE	☐ Change ☐ Addition
NAME	SLOMAN, RONALD J	72 NAME	
STREET ADDRESS	2916 BAY VIEW AVE	73 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	74 CITY-ST-ZIP	
TITLE	D	75 TITLE	☐ Change ☐ Addition
NAME	SLOMAN, TONI F	76 NAME	
STREET ADDRESS	2916 BAY VIEW AVE	77 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	78 CITY-ST-ZIP	
TITLE		79 TITLE	☐ Change ☐ Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY-ST-ZIP		82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 added by me.

SIGNATURE: Ronald J. Sloman 4/29/95 813-859-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000030 CR