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 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001504421
-06/02/95--01029--001
****233.50 ****233.50

DOCUMENT # L83749

1. Corporation Name
BROUMAND INTERNATIONAL TWO, INC

Principal Place of Business / Mailing Address
733 W COLONIAL DR
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/26/90
3a. Date of Last Report: 1994

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

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

4. FEI Number: 59-4202709 ☐ 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

INTERNATIONAL MANAGEMENT OF CENTRAL FLORIDA INC
733 W COLONIAL DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: MANOO BROUMAND
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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: MANOO BROUMAND — MANOO BROUMAND — 5/19/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when name changes) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	11 TITLE	☐ Change ☐ Addition
NAME	SAM BROUMAND	12 NAME	
STREET ADDRESS	733 W COLONIAL	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32804	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	
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	

REMITTED BY MAY 1

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: MANOO BROUMAND — President — 5-19-95 — 423 4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #