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95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L85369

1. Corporation Name

Dode Project Management, Inc.

Principal Place of Business	Mailing Address
1500 San Remo Ave. Suite 215 Coral Gables, FL 33146-3047	c/o Samuel Steen, Esq. 1500 San Remo Ave. Suite 215 Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	7/5/90
3a. Date of Last Report	1/25/94
4. FEI Number	52-1691569
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		2a. Mailing Address	
21	140 S. Prospect Drive	26	c/o Samuel Steen, Esq.
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc	140 S. Prospect Drive
23 City & State	Coral Gables, Florida	28 City & State	Coral Gables, Florida
24 Zip	33133	29 Zip	33133
25 Country	U.S.A.	30 Country	U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Steen, Samuel 1500 San Remo Ave. Suite 215 Coral Gables, FL 33146	81 Name: Steen, Samuel; 82 Street Address (P.O. Box Number is Not Acceptable): 140 S. Prospect Drive; 83; 84 City: Coral Gables FL; 85 Zip Code: 33133

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	D/P	11 TITLE	D/P/T ☒ Change ☐ Addition
NAME	Wiese, James	12 NAME	Wiese, James J.
STREET ADDRESS	F.P.O. N/A	13 STREET ADDRESS	c/o Kunkel-Wiese, Inc., Unit #6105
CITY ST ZIP	Miami, FL	14 CITY ST ZIP	F.P.O. AA 34061
TITLE	V/P	21 TITLE	VP/S ☒ Change ☐ Addition
NAME	Kunkel, Frederick G.	22 NAME	Kunkel, Fredrick G.
STREET ADDRESS	F.P.O. N/A	23 STREET ADDRESS	c/o Kunkel-Wiese, Inc., Unit #6105
CITY ST ZIP	Miami, FL	24 CITY ST ZIP	F.P.O. AA 34061
TITLE	S/T	31 TITLE	☐ Change ☐ Addition
NAME	Sellers, Allen J.	32 NAME	Delete - No longer an officer
STREET ADDRESS	F.P.O. N/A	33 STREET ADDRESS	
CITY ST ZIP	Miami, FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	500001484895
STREET ADDRESS		43 STREET ADDRESS	-05/12/95--01007--023
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
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: James J. Wiese 4/25/95 011-507-52-6450

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