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 JUL -6 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91153 (1)

1. Corporation Name
NPB VENTURES, INC.

Principal Place of Business	Mailing Address
18400 SW 256TH ST P.O. BOX 900160 HOMESTEAD FL 33090-0160	18400 SW 256TH ST P.O. BOX 900160 HOMESTEAD FL 33090-0160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3030465 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 EDWARD BALL BLDG
100 CHOPIN PLZ
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Boulevard
83 1600 Miami Center
84 City: Miami FL 85 Zip Code: 33131

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		
TITLE	D	1 TITLE	P/D	☒ Change ☐ Addition
NAME	BROOKS, N.P.	1 NAME		
STREET ADDRESS	18400 SW 256 ST	1 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	1 CITY-ST-ZIP	Homestead, FL 33090	
TITLE		2 TITLE	S	☐ Change ☒ Addition
NAME		2 NAME	Wheelinj, Craig	
STREET ADDRESS		2 STREET ADDRESS	18400 S.W. 256 Street	
CITY-ST-ZIP		2 CITY-ST-ZIP	Homesteid, FL 33090	
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 CITY-ST-ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: Craig Wheeling — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/27/95 (Date) — (305) 247-3544 (Daytime Phone #)

0119347 CP