SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT

~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95871

1. Corporation Name

SANTANA INSULATORS, INC.

Mailing Address	Principal Place of Business
2150 N.W. 95th Avenue Miami, FL 33172	2150 N.W. 95th Avenue Miami, FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 12/ /1994

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

4. FEI Number: 65-0234637 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

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
FRIEDHOFF, JOHN H. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ 1/10/95
Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D,P,T	1.1 TITLE	
1.2 NAME	SALGADO, FLAVIO MACEDO	1.2 NAME	
1.3 STREET ADDRESS	2150 N.W. 95th Avenue	1.3 STREET ADDRESS	700001391387
1.4 CITY-ST-ZIP	Miami, FL	1.4 CITY-ST-ZIP	-01/27/95--01061--001
2.1 TITLE	D,V	2.1 TITLE	****200.00 ****200.00
2.2 NAME	GOUVEIA, JOAO C.	2.2 NAME	
2.3 STREET ADDRESS	2150 N.W. 95th Avenue	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	
3.1 TITLE	~~A,T~~	3.1 TITLE	T
3.2 NAME	MAURICIO, SERGIO R.	3.2 NAME	MAURICIO, SERGIO R.
3.3 STREET ADDRESS	2150 N.W. 95th Avenue	3.3 STREET ADDRESS	2150 N.W. 95th Avenue
3.4 CITY-ST-ZIP	Miami, FL	3.4 CITY-ST-ZIP	Miami, FL
4.1 TITLE	~~AS~~	4.1 TITLE	S
4.2 NAME	~~FRIEDHOFF, J.~~	4.2 NAME	LOPES, JOSE RAFAEL
4.3 STREET ADDRESS	~~175 NW First Avenue~~	4.3 STREET ADDRESS	2150 N.W. 95th Avenue
4.4 CITY-ST-ZIP	~~Miami, FL 33128~~	4.4 CITY-ST-ZIP	Miami, FL
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	RC

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)(k), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/10/95 305-599-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Flavio Macedo Salgado