FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M10190 (0)

1. Corporate Name
GUS MACHADO ENTERPRISES, INC.

Principal Place of Business
1200 WEST 49 ST.
HIALEAH FL 33012

Mailing Address
1200 WEST 49 ST.
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-2487584 ☐ 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 24 County 25
Zip 29 County 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

MACHADO, GUS
1200 W. 49TH ST.
HIALEAH FL 33012

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 Section(s) 607.0505 and 607.1908, 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(S)
(If changing Registered Agent, Registered Agent must sign) (Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
31 Title	PDT	31 Title	☐ Change ☐ Addition
32 Name	MACHADO, GUS	32 Name	
33 Street Address	1200 WEST 49 ST.	33 Street Address	
34 City-St-Zip	HIALEAH FL	34 City-St-Zip	
35 Title	D	35 Title	☐ Change ☐ Addition
36 Name	MACHADO, GLORIA	36 Name	
37 Street Address	1200 WEST 49 ST.	37 Street Address	
38 City-St-Zip	HIALEAH FL	38 City-St-Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City-St-Zip		42 City-St-Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City-St-Zip		46 City-St-Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City-St-Zip		50 City-St-Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City-St-Zip		54 City-St-Zip	

14. I do hereby certify that the information supplied with this report is accurate and that I am authorized to sign this report. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: [signature] President 4/26/95 (305)822-3211
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0981272 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

FILED

DOCUMENT # M12347 (4)

1. Corporation Name

CONSOLIDATED CONCEPTS & SYSTEMS, INC.

Principal Place of Business	Mailing Address
% ROBERT VELLA 8065 W 16TH AVENUE HIALEAH FL 33014	% ROBERT VELLA 8065 W 16TH AVENUE HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address

3. Date Incorporated or Qualified: 03/08/1985
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2501748 — 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

VELLA, ROBERT
12570 NW 1 AVE.
N. MIAMI FL 33168

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL
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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VELLA, ROBERT
STREET ADDRESS	8065 W 16TH AVE
CITY-ST-ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: ROBERT VELLA. April 09, 1995 (305) 8?6-6914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0083658 CP