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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # M11455

1. Corporation Name
2010 INCVESTORS INC.

000001532110
-07/07/95--01041--012
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
100 N. 17th Avenue Hollywood, Fl.33020	P.O. BOX 1461 HOLLYWOOD, FLORIDA 33022

3. Date Incorporated or Qualified: 2/26/1995
3a. Date of Last Report: 4/1994

2. Principal Place of Business
21 100 N. 17 th Avenue
22 Suite, Apt. #, etc.
23 City & State: Hollywood Fl,
24 Zip: 33020
25 Country: Broward

2a. Mailing Address
26 P.O. BOX 1461
27 Suite, Apt. #, etc.
28 City & State: HOLLYWOOD FLORIDA
29 Zip: 33022
30 Country: Broward

4. FEI Number — ☐ 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

Raoul Vienneau (President)
1445 Atlantic Shores Blvd. # 610
Hallandale, Florida 33009

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 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: Raoul Vienneau 6/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: The registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Raoul Vienneau	12 NAME	
STREET ADDRESS	1445 Atlantic Shores Blvd	13 STREET ADDRESS	
CITY-ST-ZIP	apt. 610, Hallandale Fl, 33009	14 CITY-ST-ZIP	
TITLE	Secretary	21 TITLE	☐ Change ☐ Addition
NAME	Angella.Vienneau	22 NAME	
STREET ADDRESS	1445 Atlantic Sh. Blvd #610	23 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, Florida 33009	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	T.S.	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	7/5/95	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: Raoul Vienneau 5/18/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #