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

35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19319** **(6)**

1. Corporation Name

KEN SCHIFF PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O KENNETH SCHIFF 4884 SW 74TH CT MIAMI FL 33155-1454	C/O KENNETH SCHIFF 4884 SW 74TH CT MIAMI FL 33155-1454

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1985	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2566221	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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 526 W. 30th St	26 526 W. 30th St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Beach Fl	28 City & State: Miami Beach Fl
24 Zip: 33140 25 Country: USA	29 Zip: 33140 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHIFF, KENNETH 5454 S.W. 94TH TERRACE MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. [illegible statement regarding change of registered office or agent pursuant to Florida Statutes]

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: SCHIFF, KEN STREET ADDRESS: 5454 S.W. 94TH TERRACE CITY-ST-ZIP: MIAMI FL	[X] Change [ ] Addition 526 W. 30th St Miami Bch Fl 33140
TITLE: ST NAME: SCHIFF, KEN STREET ADDRESS: 5454 SW 94 TERR CITY-ST-ZIP: MIAMI FL	[X] Change [ ] Addition 526 W. 30th St Miami Beach Fl 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

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

SIGNATURE: Ken Schiff Ken SCHIFF 5/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0184735 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19663 (7)

1. Corporate Name
PATIO AND POOL SCREENING SERVICES, CORP.

Principal Place of Business	Mailing Address
% JOSE I MAESTRE 2230 N.W. 38 ST. MIAMI FL 33142	% JOSE I MAESTRE 2230 N.W. 38 ST. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1985**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2578890** ☐ 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 **XX** No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

MAESTRE, JOSE, I
2230 N.W. 38 ST.
MIAMI FL 33142

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

12. OFFICERS AND DIRECTORS

TITLE	**DS**
NAME	**MAESTRE, JOSE, I**
STREET ADDRESS	**2230 N.W. 38 ST.**
CITY-ST-ZIP	**MIAMI FL**
TITLE	**D**
NAME	**MAESTRE, ELSY**
STREET ADDRESS	**2230 N.W. 38 ST.**
CITY-ST-ZIP	**MIAMI FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] JOSE I MAESTRE 05-10-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0181877 CP