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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:33

DOCUMENT # M19956 (5)

1. Corporation Name
CORPORATE CLAIM SERVICES, INC.

Principal Place of Business	Mailing Address
3915 BISCAYNE BLVD. MIAMI FL 33137	3915 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1985
3a. Date of Last Report: 02/07/1994

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

4. FEI Number: 59-2572538 ☐ 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

LOPEZ, JUAN A.
3915 BBISCAYNE BLVD.
2ND FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Frank Mendez
82 Street Address (P.O. Box Number is Not Acceptable): 3915 Biscayne Blvd.
83: 4th Floor
84 City: Miami FL 85 Zip Code: 33137

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
Signature, type/print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	ESPIN, ROBERTO J	12 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	CUADRA, HENRY	22 NAME		
STREET ADDRESS	3915 BICAYNE BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	Secretary	☐ Change ☒ Addition
NAME	LOPEZ, JUAN	32 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	Delete	☒ Change ☐ Addition
NAME	LOURDES, COLET	42 NAME	Delete	
STREET ADDRESS	3915 BISCAYNE BLVD.	43 STREET ADDRESS	Delete	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Delete	
TITLE	DV	51 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, LUIS	52 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MOHAMAD, LUCIA	62 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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: Juan A. Lopez 3/15/95 305-576-7440
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0144600 CP