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: $375)

CORPORATION ANNUAL REPORT **1994**

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

APPROVED AND FILED
94 AUG -5 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M22107** **(0)**

1. Corporation Name
ANDROGYNY CORPORATION

Mailing Address	Principal Place of Business
~~1000 W. 49TH ST., #100~~	~~1000 W. 49TH ST., #100~~
SUITE 212	SUITE 212
~~HIALEAH FL 33012-0067~~	~~HIALEAH FL 33012-0067~~

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: **10/17/1985**
3a. Date of Last Report: **03/09/1993**

2. Mailing Address — 21: **1474-A W. 84 St.**
2a. Principal Place of Business — 26: **SAME**
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: **HIALEAH, FL.**
City & State — 28:
Zip — 24: **33014** Country — 25: **USA**
Zip — 29: Country — 30:

4. FEI Number: **59-2603769**
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

OSMAN L. MICHAEL
~~1000 W. 49TH ST., #100~~ 1474-A West 84 St.
~~SUITE 212~~
HIALEAH FL ~~33012~~ 33014

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 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 _____
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	FONT, MIGUEL A.	1.2 NAME	
1.3 STREET ADDRESS	9301 N.W. 11 COURT	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	PEMBROKE PINES FL	1.4 CITY ST ZIP	
2.1 TITLE	V/D	2.1 TITLE	
2.2 NAME	OSMAN, CRAIG A.	2.2 NAME	
2.3 STREET ADDRESS	17035 N.W. 78 COURT	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	HIALEAH FL	2.4 CITY ST ZIP	
3.1 TITLE	V/S/D	3.1 TITLE	
3.2 NAME	OSMAN, L. MICHAEL	3.2 NAME	
3.3 STREET ADDRESS	~~1000 W. 49TH ST., #100~~ 1474-A W. 84 St.	3.3 STREET ADDRESS	
3.4 CITY ST ZIP	HIALEAH FL	3.4 CITY ST ZIP	
4.1 TITLE	V/D	4.1 TITLE	
4.2 NAME	OSMAN, TY H.	4.2 NAME	
4.3 STREET ADDRESS	3926 SKYLINE DRIVE	4.3 STREET ADDRESS	
4.4 CITY ST ZIP	NASHVILLE TN	4.4 CITY ST ZIP	
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	

DBP

14. I do hereby certify that the information supplied with this report is complete, true and accurate and that my signature shall be the same 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 above, or on an attachment with an address.

SIGNATURE: [signature] Vice-Pres. 7-30-94 305-823-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)