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 FEB 14 PM 2:16

DOCUMENT # M47891 (0)

1. Corporation Name
KELLER ALVAREZ ASSOCIATES, INC.

Principal Place of Business
C/O LEONARDO ALVAREZ
4950 SW 72 AVE., STE 117
MIAMI FL 33155-5500

Mailing Address
C/O LEONARDO ALVAREZ
4950 SW 72 AVE., STE 117
MIAMI FL 33155-5500

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 480 East Broad ST.	2a. Mailing Address: 480 East Broad ST.
Suite, Apt #, etc: 4TH Floor	Suite, Apt #, etc: 4TH FLOOR
City & State: ATHENS GA	City & State: ATHENS GA
Zip: 30601 Country: USA	Zip: 30601 Country: USA

3. Date Incorporated or Qualified: 03/06/1987
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2790230 ☐ 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
ALVAREZ, LEONARDO
4950 SW 72 AVE.
SUITE 117
MIAMI FL 33155

10. Name and Address of New Registered Agent
Name: Silvia Alvarez
Street Address (P.O. Box Number is Not Acceptable): 840 Algeria Ave.
City: Coral Gables FL Zip Code: 33134

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 [signature] Silvia Alvarez DATE 2·10 95

12. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	ALVAREZ, LEONARDO
STREET ADDRESS	4950 SW 72 AVE., SUITE 117
CITY-ST-ZIP	MIAMI FL 33155
TITLE	S
NAME	ALVAREZ, LISA
STREET ADDRESS	4950 SW 72 AVE., SUITE 117
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	☒ Change ☐ Addition
1.3 STREET ADDRESS	~~4950~~ 480 EAST BROAD ST. 4TH Floor
1.4 CITY-ST-ZIP	ATHENS GA 30601
2	☒ Change ☐ Addition
2.3 STREET ADDRESS	480 EAST BROAD ST. 4TH Floor
2.4 CITY-ST-ZIP	ATHENS GA 30601

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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] Lisa Alvarez 1·30·95 706 548 9710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0104753 CP