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
95 MAY 22 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M55135 (1)

1. Corporation Name

MORSA INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
% JOSE SAAVEDRA P.O. BOX 654138 MIAMI FL 33265	% JOSE SAAVEDRA P.O. BOX 654138 MIAMI FL 33265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1987
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2820922 — 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 intangibles tax under s. ... Florida Statutes. ☐ Yes ☐ 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

SAAVEDIS, JOSE M.
5267 WEST 26 CT.
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: Saavedra, Jose, M
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 ______ (Registered agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	1. TITLE	☑ Change ☐ Addition
NAME	SAAVEDRA, JOSE	1. NAME	
STREET ADDRESS	P.O. BOX 654138 N/A	1. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1. CITY-ST-ZIP	Miami, FL 33265
TITLE	VSD	2. TITLE	☑ Change ☐ Addition
NAME	MORA, GONZALO	2. NAME	
STREET ADDRESS	P.O. BOX 654138 N/A	2. STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	2. CITY-ST-ZIP	Miami, FL 33265
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 — Date
(305) 221-9233 — Daytime Phone #

0432136 FP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M55164** **(1)**

1. Corporation Name
HEARTWOOD 91-2 INCORPORATED

Principal Place of Business	Mailing Address
% JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304	% JOHN E. ABDO 1750 E SUNRISE BLVD FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0003145	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARVALHO, JEAN 1705 E SUNRISE BLVD FT. LAUDERDALE FL 33304	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	ABDO, JOHN E.	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	☐ Change ☐ Addition
NAME	CARVALHO, JEAN	
STREET ADDRESS	1750 E.SUNRISE BLVD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	T	☐ Change ☐ Addition
NAME	EANES, JASPER R	
STREET ADDRESS	1750 E.SUNRISE BLVD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Jean Carvalho 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0211996 CP