FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1-2

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57268

1. Corporation Name

VAR ENTERPRISE, INC.

Principal Place of Business	Mailing Address
MOVED! ↓	MOVED! ↓

3. Date Incorporated or Qualified: 08/13/1987	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2442388	☐ 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	2a. Mailing Address
21/26	10544 NW 26th st.	10544 NW 26th ST.
22/27	Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
23/28	City & State: MIAMI, FL.	City & State: MIAMI, FL.
24/29	Zip: 33172	Zip: 33172
25/30	Country: USA	Country: USA

9. Name and Address of Current Registered Agent

GARCIA, MARIA L.
10544 NW 26 ST #104
MIAMI, FL. 33172

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARCIA, MARIA L. 10544 NW 26 ST #104 MIAMI, FL. 33172	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P. MARIA L. GARCIA 10544 NW 26th ST #104 MIAMI, FL. 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	!	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700001863067 -06/17/96--01019--012 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

5-1-96

CR2E034 (12/95)

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: Maria L. Garcia — 5/31/96 — (305) 477-0835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2-2

CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M57268** **(8)**

1. Corporation Name

VAR ENTERPRISE INC.

Principal Place of Business	Mailing Address
~~10540 NW 26TH STE #303~~ ~~MIAMI FL 33166~~ 10544 NW 26ST # 104 Miami, Fl. 33172	~~10540 NW 26TH STE #303~~ ~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified: **08/13/1987** | 3a. Date of Last Report: **04/28/1994**

4. FEI Number: **59-2442388**

5. Certificate of Status Desired ☐ **$8.75** Fee R

6. [illegible] ☐ **$5.00** Added

8. Does corporation owe liability for intangible tax under Florida Statutes? **X** Yes ☐ No

8. Name and Address of Current Registered Agent

GARCIA, MARIA L.
~~8942 S.W. MIAMI SOUND MACHINE BLVD.~~
~~MIAMI FL 33174~~
10544 NW 26ST # 104
MIAMI, FL. 33172

10. Name and Address of New Registered Agent

81 Name
82 [illegible]
83
84 City **FL** 85 Zip

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. The corporation agrees that it will comply with the requirements of Section 607.0505, Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS		13. [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARCIA, MARIA L. ~~8942 SW MIAMI SOUND MACH~~ 10544 NW 26ST ~~MIAMI FL~~ #104 Miami, Fl. 33172	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Chan
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Chan
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Chan
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Chan

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: X Maria L. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA GARCIA

DATE 4/29/96