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

APPROVED AND FILED.
95 MAY 23 AM 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M58418 (8)

1. Corporation Name
JORGE M. PEREZ, R.P.T., P.A.

Principal Place of Business	Mailing Address
7171 CORAL WAY, SUITE 316 MIAMI FL 33155	7171 CORAL WAY, SUITE 316 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/02/1987	05/01/1994

4. FEI Number: 65-0022053 — ☐ Applied For ☐ Not Applicable

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

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	10. Name and Address of New Registered Agent
CABRERA, RAUL P. 4201 SW 11TH STREET MIAMI FL 33134	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	1. TITLE ☐ Change ☐ Addition
NAME	PEREZ, JORGE M.	1. NAME
STREET ADDRESS	7171 CORAL WAY, #316	1. STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1. CITY-ST-ZIP
TITLE		2. TITLE ☐ Change ☐ Addition
NAME		2. NAME
STREET ADDRESS		2. STREET ADDRESS
CITY-ST-ZIP		2. CITY-ST-ZIP
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)(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: [signature] 5/16/95 2679943

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

0165297 CP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY 5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M59091 (2)

1. Current Name
CORAL REEF POOL CONSTRUCTION, INC.

Principal Place of Business
3599 23RD AVENUE SOUTH
LAKE WORTH FL 33461

Mailing Address
3599 23RD AVENUE SOUTH
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1987
3a. Date of Last Report: 05/31/1994

21 2. Principal Place of Business
26 2a. Mailing Address

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

23 City & State
28 City & State

24 Zip
25 County
29 Zip
30 Country

4. FEI Number: 65-0032247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has initially for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKL, JEFFREY J.
2914 VASSALLO AVENUE
LAKE WORTH FL 33461

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 Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned, by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	HACKL, JEFFREY J.	NAME	
STREET ADDRESS	2914 VASSALLO AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	ANDREWS, ERIC J.	NAME	
STREET ADDRESS	1808 N. "M" ST	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE		TITLE	S ☐ Change ☒ Addition
NAME		NAME	Hackl, Jason
STREET ADDRESS		STREET ADDRESS	2607 Amherst Lane
CITY-ST-ZIP		CITY-ST-ZIP	Lake Worth, FL 33460
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We 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 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: Jeffrey J. Hackl JEFFREY J. HACKL 5-1-95 402588-2018
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0270026 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # M59974 (9)

1. Corporation Name

BUSINESS INTERIORS, INC.

Principal Place of Business: C/O LUCILLE MCKEY, 4615 PONCE DE LEON BLVD., CORAL GABLES FL 33146

Mailing Address: C/O LUCILLE MCKEY, 4615 PONCE DE LEON BLVD., CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1987

3a. Date of Last Report: 03/31/1994

4. FEI Number: 65-0010486 [ ] 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

MCKEY, LUCILLE
4615 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

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 617.0502, 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.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKEY, LUCILLE
STREET ADDRESS	4615 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

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 the 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: Lucille McKey 5/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0160203 CP