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 APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66884 (1)

1. Corporation Name

DURATEL, INC.

Principal Place of Business	Mailing Address
3927 SW 82 AVE 8165 SW 40TH STREET MIAMI FL 33155 US	3927 SW 82 AVE 8165 SW 40TH STREET MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 3927 SW 82nd AVE	2a. Mailing Address	26 3927 SW 82nd AVE
Suite, Apt #, etc	22	Suite, Apt #, etc	27
City & State	23 MIAMI, FL 33155	City & State	28 MIAMI, FL 33155
Zip / Country	24 / 25 USA	Zip / Country	29 / 30 USA

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0022797 ☐ 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

[illegible]

10. Name and Address of New Registered Agent

81 Name: ~~RAMON xxx IRIGOYEN~~ ALITA PATTERSON
82 Street Address (P.O. Box Number is Not Acceptable): 3927 SW 82nd AVE.
83
84 City: MIAMI FL 85 Zip Code: 33155

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] ALITA PATTERSON 4-11-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IRIGOYEN, RAMON LUIS, JR
STREET ADDRESS	8165 S.W. 74TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	DTS
NAME	IRIGOYEN, ESTHER B
STREET ADDRESS	8165 SW 40TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	~~VPD~~
NAME	~~IRIGOYEN, RAMON G~~
STREET ADDRESS	~~8165 S.W. 40TH ST.~~
CITY, ST, ZIP	MIAMI FL DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	VPD ALITA PATTERSON 818 MEDINA AVE. CORAL GABLES, FL 33134	☒ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP		☐ 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)(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] 05-20-95.

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

0166846 CP