SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M79099** **(1)**

1. Corporation Name
PURA VIDA, INC.

Principal Place of Business	Mailing Address
8323 N. FREMONT AVE. TAMPA FL 33609 US	407 W. OSBORNE AVE. TAMPA FL 33603 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.: 3018 W. Wilder
22
City & State: 23 Tampa, Fla
Zip: 24 33614 Country: 25 US

2a. Mailing Address
26 Suite, Apt. #, etc.: P.O. Box 15148
27
City & State: 28 Tampa, Fla
Zip: 29 33684 Country: 30 US

4. FEI Number: 59-2890550 ☐ 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

JABLONSKY, ANDREW I.
407 W. OSBORNE AVE.
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 3018 W. Wilder
83
84 City: Tampa, Florida FL 85 Zip Code: 33614

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] Andrew I. Jablonsky, President DATE: 7/23/95
Signature, typed or printed name, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition DPT
NAME	JABLONSKY, ANDREW I.	12 NAME	Jablonsky, Andrew I.
STREET ADDRESS	407 W. OSBORNE AVE.	13 STREET ADDRESS	3018 W. Wilder
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, Fla
TITLE	DVS	21 TITLE	☐ Change ☐ Addition DVS
NAME	LAMBERT-JABLOWSKY, CINDY	22 NAME	Lambert-Jablonsky, Cindy
STREET ADDRESS	407 W. OSBORNE AVE.	23 STREET ADDRESS	3018 W. Wilder
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, Fla
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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] Andrew I. Jablonsky President 7/23/95 813-876-4142
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184200 FP