FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995 5-1-95

FLORIDA DEPARTMENT OF STATE

8-233

APPROVED AND FILED

DOCUMENT # N16663 (9)

1. Corporate Name

LIVING HISTORY, INC.

Principal Place of Business

801 NW 57 STREET
FT. LAUDERDALE FL 33309
US

Mailing Address

6191 NW 32ND TERRACE
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1986

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0057599 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite Apt. # — 22 — City, State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite Apt. # — 27 — City, State — 28 — Zip — 29 — County — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Foreign Corporate Designation ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. Is the corporation filing for intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT M
6191 NW 32 TER
FT. LAUDERDALE FL 33309

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 607.0505, 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. The change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties and responsibilities of registered agent. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODIGUEZ BOBBY
STREET ADDRESS	6191 N.W. 32 TERRACE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	MICELI ELANINE
STREET ADDRESS	4501 N.E. 21 AVE.
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	MAISEL, TRACY
STREET ADDRESS	750 S PARK RD, 8-22
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	WRIGHT, DEBORAH
STREET ADDRESS	320 NW 35 COURT
CITY, ST, ZIP	OAKLAND PARK FL 33309
TITLE	TD
NAME	CARMONA, BOBBIE
STREET ADDRESS	746 NW 103 TERRACE, 204
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, DELETIONS, OR CHANGES

TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ BOBBY
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	AT ☑ Change ☐ Addition
NAME	Park Avenue
STREET ADDRESS	5400 N.W. 35 Street
CITY, ST, ZIP	Ft. Lauderdale, FL 33309
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 hereby certify that the information supplied with this report is complete, accurate and current in all material respects. I further certify that the information contained in this report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or an officer authorized 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 an addition is being filed with an address.

SIGNATURE: Bobby Rodriguez Pres. 4/12/95 305-771-7167

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

BOBBY RODRIGUEZ

0000733