FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001485841
-05/12/95--01055--014
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N32319

1. Corporation Name

TOTAL COMMUNITY DEVELOPMENT, INC.

Principal Place of Business / Mailing Address

6190-Northwest 11 Street
Sunrise, FL 33313

3. Date Incorporated or Qualified: May 18, 1989
3a. Date of Last Report:

4. FEI Number: 65-0110860 ☐ 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

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

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 6190 NW 11 St.	26 6190 NW 11 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sunrise, FL	28 Sunrise, FL
24 Zip 33313 / 25 Country USA	29 Zip 33313 / 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name: Pablo R. Bared
32 Street Address (P.O. Box Number is Not Acceptable)
Bared & Associates
33 3191 Coral Way - Third FL
34 City: Miami FL 35 Zip Code 33145

11. Pursuant to the provisions of Section 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. Each 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: _____ May 3, 1995
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. 13. continued OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ADDITION (new)	11 TITLE	Director RESIGNED XX Change ☐ Addition
NAME	Consuelo Quevedo	12 NAME	Ray Fernandez
STREET ADDRESS	12850 State Road 84	13 STREET ADDRESS	9431 Live Oak Place, Suite 104
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	14 CITY-ST-ZIP	Fort Lauderdale, FL 33124
TITLE		21 TITLE	Director NEW ☐ Change XX Addition
NAME		22 NAME	James T. Waldron
STREET ADDRESS		23 STREET ADDRESS	1432 - 6th Street
CITY-ST-ZIP		24 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		31 TITLE	Director NEW ☐ Change XX Addition
NAME		32 NAME	Hilary Candela
STREET ADDRESS		33 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP		34 CITY-ST-ZIP	Coral Gables, FL 33145
TITLE		41 TITLE	President/CEO/Sec./Treas./Director XX Change ☐ Addition RESIGNED
NAME		42 NAME	Milton V. Fernandez
STREET ADDRESS		43 STREET ADDRESS	9431 Live Oak Place, Suite 104
CITY-ST-ZIP		44 CITY-ST-ZIP	Fort Lauderdale, FL 33124
TITLE		51 TITLE	Director NEW ☐ Change XX Addition
NAME		52 NAME	Yrelis Fernandez
STREET ADDRESS		53 STREET ADDRESS	9431 Live Oak Place, Suite 104
CITY-ST-ZIP		54 CITY-ST-ZIP	Fort Lauderdale, FL 33124
TITLE		61 TITLE	Director RESIGNED XX Change ☐ Addition
NAME		62 NAME	Jesus Fernandez
STREET ADDRESS		63 STREET ADDRESS	9431 Live Oak Place, Suite 104
CITY-ST-ZIP		64 CITY-ST-ZIP	Ft. Lauderdale, FL 33324

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ 4-13-1995 (305)791-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Milton V. Fernandez