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

9 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45181** (7)

1. Corporation Name

TARPON UNLIMITED, INC.

Principal Place of Business	Mailing Address
28 S 10TH ST. FERNANDINA BEACH FL 32034 US	P.O. BOX 558567 MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1991	3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-3050753	☐ 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 6900 Bird Road	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl 33155	City & State 28
Zip / Country 24 33155 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKENDREE, TERRY V 401 S. 15TH ST. MIAMI FL 33255	81 Name: Cecilia Silva 82 Street Address (P.O. Box Number is Not Acceptable): 5800 SW 42 Terrace 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: Cecilia Silva (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 04-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	MCKENDREE, TERRY V	12 NAME		
STREET ADDRESS	PISO 4 APTO 9 EDIF. EL PARQUE AVE.	13 STREET ADDRESS	Resigned	
CITY ST ZIP	ALTAMIRA, CARACAS VENEZUELA	14 CITY ST ZIP		
TITLE	VD	21 TITLE	☒ Change ☐ Addition	
NAME	VARTORELLA, WILLIAM	22 NAME	Resigned	
STREET ADDRESS	277 PECKWOOD DREIVE	23 STREET ADDRESS		
CITY ST ZIP	CAMDEN SC 29020	24 CITY ST ZIP		
TITLE	TD	31 TITLE	☐ Change ☐ Addition	
NAME	MARIELA MAYBIN	32 NAME		
STREET ADDRESS	CALLE MADERIA, QTA. MARISELA	33 STREET ADDRESS		
CITY ST ZIP	LA CALIFORNIA SUR, CARACAS	34 CITY ST ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	NELSON FAIRFOOT,	42 NAME		
STREET ADDRESS	PISO 2 APTO 22 EDIF. EL SOCORRO AVE.	43 STREET ADDRESS		
CITY ST ZIP	CARACAS, VENEZUELA	44 CITY ST ZIP		
TITLE	D	51 TITLE	☐ Change ☐ Addition	
NAME	Cecilia Silva	52 NAME		
STREET ADDRESS	5800 SW 42 Terrace	53 STREET ADDRESS		
CITY ST ZIP	Miami, Fl 33155	54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is valid 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecilia Silva — 04-28-95 — (305)665-5344

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

0072032

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CORPORATION
ANNUAL REPORT
1995

APPROVED
FILED

DOCUMENT # **N45397** **(9)**

MINISTERIO DIOS TE AMA, INC.

Principal Place of Business	Mailing Address
1585 NORTHEAST 127TH STREET NORTH MIAMI FL 33161	1585 NORTHEAST 127TH STREET NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0284928 (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

21 Principal Place of Business: 1590 N.E. 127 ST. #202
22 Suite, Apt. # or PO:
23 City & State: N. MIAMI, FL
24 Zip: 33161 — 25 County:

26 Mailing Address: 1590 N. E. 127 ST.
27 Suite, Apt. # or PO: #202
28 City & State: N. MIAMI FL
29 Zip: 33161 — 30 Country:

9. Name and Address of Current Registered Agent

ZAVALA, JULIO V.
1585 NORTHEAST 127TH STREET
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: ZAVALA, JULIO V.
82 Street Address (P.O. Box Number is Not Acceptable):
83: 1590 N. E. 127 ST. #202
84 City: N. MIAMI — FL — 85 Zip Code: 33161

11. Pursuant to the provisions of Sections 607.0503 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	ZAVALA, JULIO V.	12 NAME	ZAVALA, JULIO V.	
STREET ADDRESS	1585 NORTHEAST 127TH ST.	13 STREET ADDRESS	1590 N.E. 127 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	14 CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	DVT	21 TITLE	DVT	☑ Change ☐ Addition
NAME	BRESSIN, MAURICIO	22 NAME	JUAN SALINAS	
STREET ADDRESS	425 LARK AVE	23 STREET ADDRESS	1317 N.E. 116 ST.	
CITY-ST-ZIP	MIAMI SPRGS FL	24 CITY-ST-ZIP	N. MIAMI, FL	
TITLE	DS	31 TITLE	DS	☑ Change ☐ Addition
NAME	ARDAVIN, BLANCA	32 NAME	NANCY ECHEGARAY	
STREET ADDRESS	6262 NW 201 TERRACE	33 STREET ADDRESS	701 N.E. 162 ST.	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	N. MIAMI BEACH, FL	
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		

14. I do hereby certify that the information supplied with this 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 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: [signature] 4/28/95 (305) 895-6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JULIO V. ZAVALA

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