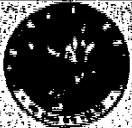


FILE THIS FORM WITH OTHER TAX RETURNS

|                                       |  |                                                                                   |  |                                                                                                    |
|---------------------------------------|--|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|
| <b>CORPORATION ANNUAL REPORT 1995</b> |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morfitt<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|--|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P35857 (2)**

1. Corporation Name  
**CONROC, INC.**

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2655 LE JEUNE RD.<br/>SUITE 1014<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>2655 LE JEUNE RD.<br/>SUITE 1014<br/>CORAL GABLES FL 33134</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                           |                                                                                                |                                                        |                                              |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. <b>900</b><br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>25<br>Suite, Apt. #, etc. <b>900</b><br>City & State<br>27<br>Zip<br>29 | 3. Date Incorporated or Qualified<br><b>10/09/1991</b> | 3a. Date of Last Report<br><b>05/01/1994</b> |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>51-0302239</b>                                                                                                                          | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**MALE, MICHAEL H.  
3250 MARY ST., STE. 303  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 85 Zip Code                                           |           |

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, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>DP</b>                         |
| NAME           | <b>SAENZ, JOSE TINAJERO</b>       |
| STREET ADDRESS | <b>2655 LE JEUNE RD. STE 1014</b> |
| CITY- ST- ZIP  | <b>CORAL GABLES FL 33134</b>      |
| TITLE          | <b>VD</b>                         |
| NAME           | <b>GUERRO, JOSE LUIS</b>          |
| STREET ADDRESS | <b>2655 LE JEUNE RD. STE 1014</b> |
| CITY- ST- ZIP  | <b>CORAL GABLES FL 33134</b>      |
| TITLE          | <b>DVP</b>                        |
| NAME           | <b>GALAZ, JAVIER MORA</b>         |
| STREET ADDRESS | <b>2655 LE JEUNE RD. STE 1014</b> |
| CITY- ST- ZIP  | <b>CORAL GABLES FL</b>            |
| TITLE          | <b>VSAT</b>                       |
| NAME           | <b>CAYEULA, MANUEL SALVOCH</b>    |
| STREET ADDRESS | <b>2655 LE JEUNE RD. STE 1014</b> |
| CITY- ST- ZIP  | <b>CORAL GABLES FL 33134</b>      |
| TITLE          | <b>T</b>                          |
| NAME           | <b>GUERRERO, JOSE LUIS</b>        |
| STREET ADDRESS | <b>2655 LE JEUNE RD., #908</b>    |
| CITY- ST- ZIP  | <b>CORAL GABLES FL</b>            |
| TITLE          | <b>V</b>                          |
| NAME           | <b>ESPELETA, ALFONSO</b>          |
| STREET ADDRESS | <b>2655 LE JEUNE RD. STE 1014</b> |
| CITY- ST- ZIP  | <b>CORAL GABLES FL 33134</b>      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | <b>DELETE THIS OFFICER</b>                                                   |
| 1.4 CITY- ST- ZIP  |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Guerrero, Jose Luis (correct spelling of last name)</b>                   |
| 2.3 STREET ADDRESS | <b>Suite 908</b>                                                             |
| 2.4 CITY- ST- ZIP  |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>V/AS/AT/D</b>                                                             |
| 3.3 STREET ADDRESS | <b>Suite 908</b>                                                             |
| 3.4 CITY- ST- ZIP  | <b>Zipcode: 33134</b>                                                        |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>V/S/T</b>                                                                 |
| 4.3 STREET ADDRESS | <b>Suite 908</b>                                                             |
| 4.4 CITY- ST- ZIP  |                                                                              |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>THIS OFFICER IS DUPLICATED (HE IS ON THE SECOND LINE)</b>                 |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY- ST- ZIP  |                                                                              |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>DP</b>                                                                    |
| 6.3 STREET ADDRESS | <b>Suite 908</b>                                                             |
| 6.4 CITY- ST- ZIP  |                                                                              |

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 110.07(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 I am required to sign an attachment with an address.

SIGNATURE:  **Quirico Serina** 4/27/95 205-442-0427

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of signing officer or director)

Conroc, Inc

P35857

FET No: 51-0302239

☒ Addition

Title: V/AS/AT

Name: Valles, Rodolfo

Street Address: 2655 Le Jeune Road #908

City-St-Zip: Coral Gables, Fl. 33134

☒ Addition

Title: V/AS

Name: Serina, Quirico

Street Address: 2655 Le Jeune Road  
#908

City-St-Zip: Coral Gables, Fl. 33134

☒ Addition

Title: V/AS/AT

Name: Inderbitzin, Ernesto

Street Address: 2655 Le Jeune Road #908

City-St-Zip: Coral Gables, Fl. 33134

☒ Addition

Title: V/AS

Name: Flores, Porfirio

Street Address: 2655 Le Jeune Road #908

City-St-Zip: Coral Gables, Fl. 33134