FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:29

DOCUMENT # P92000001041 (2)

1. Corporation Name

ADVANCED CONCEPTS INSTITUTE OF REAL ESTATE INCOR PORATED

Principal Place of Business	Mailing Address
2500 NW 79 AV STE 210 MIAMI 33 33122 US	2500 NW 79 AVE STE 210 MIAMI 33 33122 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0460863 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRIETO, HAYMEE J 933 S.W. 87TH AVE. MIAMI FL 33174	81 Name: HAYMEE J. PRIETO 82 Street Address (P.O. Box Number is Not Acceptable): 2500 NW 79 AV SUITE 210 83 84 City: MIAMI FL 85 Zip Code: 33122

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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MITRANI, LAZARO E	1 NAME	
STREET ADDRESS	2500 NW 79 AVE #210	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	PRIETO, HAYMEE J	2 NAME	
STREET ADDRESS	2500 NW 79 AVE #210	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	GOBERNA, MANUEL J	3 NAME	
STREET ADDRESS	2500 NW 79 AV #210	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 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] : Manuel J. Goberna 1/10/95 (305)[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011070 CP

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CORPORATION ANNUAL REPORT 1995

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

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DOCUMENT # P92000001276 (4)

1. Corporation Name

INTERNATIONAL STRATEGIC FINANCIAL GROUP (U.S.A.), INC.

Principal Place of Business	Mailing Address
~~1111 LINCOLN ROAD~~ ~~SUITE 730~~ ~~MIAMI BEACH FL 33139~~	1717 N. BAYSHORE DR., #4056 MIAMI FL 33132

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 11/28/1994

2. Principal Place of Business	2a. Mailing Address
21 1717 N. Bayshore DR	26
Suite, Apt. #, etc. 22 # 4056.	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28
Zip 24 33132 Country 25 USA.	Zip 29 Country 30

4. FEI Number: 65-0366058 ☐ 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

LANDA, MARTIN
848 BRICKELL AVE., #610
MIAMI FL 33131

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 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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SEVERO, ZANZIBAR P	1.2 NAME	
STREET ADDRESS	1717 N. BAYSHORE DR., #1741	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LEGAULT, ROBERT E	2.2 NAME	
STREET ADDRESS	1717 N. BAYSHORE DR., #1741	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Legault 5/30/95 (305) 373-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0133907 CP

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAY -1 PM 12:20

DOCUMENT # **P92000001984 (3)**

1. Corporation Name

ADVANCED CONCEPTS INTERNATIONAL ASSOCIATION INC.

Principal Place of Business	Mailing Address
2500 NW 79 AV STE 210 MIAMI FL 33174 US	2500 NW 79 AV STE 210 MIAMI FL 33174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1992**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: **65-0460864** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITRANI, LAZARO E
933 S.W. 87TH AVE.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: Manuel J. Goberna
82 Street Address (P.O. Box Number is Not Acceptable): 2500 NW 79 AV. Suite 210
83
84 City: Miami FL 85 Zip Code: 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: _____ 5/1/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	MITRANI, LAZARO E	12 NAME	
03 STREET ADDRESS	2500 NW 79 AVE 3210	13 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
05 TITLE	D	21 TITLE	☐ Change ☐ Addition
06 NAME	GOBERNA, MANUEL J	22 NAME	
07 STREET ADDRESS	2500 NW 79 AVE #210	23 STREET ADDRESS	
08 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
09 TITLE	D	31 TITLE	☐ Change ☐ Addition
10 NAME	PRIETO, HAYMEE J	32 NAME	
11 STREET ADDRESS	2500 NW 79 AV #210	33 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/1/95 579-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0119808 CP

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CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # P92000002118 (7)

1. Corporation Name
GRODEN-STAMP BUILDING SERVICES, INC.

Principal Place of Business: ~~9710 NE 2ND AVE MIAMI SHORES FL 33138~~

Mailing Address: ~~9710 NE 2ND AVE MIAMI SHORES FL 33138~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 975 Arthur Godfrey Rd.	2a. Mailing Address: 975 Arthur Godfrey Rd.
Suite, Apt. # etc.: Suite 202	Suite, Apt. # etc.: Suite 202
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country:	Zip: 33140 Country:

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 05/12/1994
4. FEI Number: 65-0372141 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent
SCHLOBOHM, JAMES
~~9710 NE 2ND AVE~~
~~MIAMI SHORES FL 33138~~

10. Name and Address of New Registered Agent
Name: SCHLOBOHM, JAMES
Street Address (P.O. Box Number is Not Acceptable): 975 Arthur Godfrey Rd.,
Suite 202
City: Miami Beach FL Zip Code: 33140

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], President 5/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	1 TITLE	☒ Change ☐ Addition
NAME	~~STAMP, BRIAN~~	1 NAME	
STREET ADDRESS	~~153 NE 97TH ST~~	1 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI SHORES FL 33138~~	1 CITY-ST-ZIP	
TITLE	~~DV~~	2 TITLE	☒ Change ☐ Addition
NAME	~~GRODEN, RICHARD~~	2 NAME	
STREET ADDRESS	~~153 NE 97TH ST~~	2 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI SHORES FL 33138~~	2 CITY-ST-ZIP	
TITLE	~~DT~~	3 TITLE	DP XX Change ☐ Addition
NAME	SCHLOBOHM, JAMES	3 NAME	SCHLOBOHM, JAMES
STREET ADDRESS	~~9710 NE 2ND AVE~~	3 STREET ADDRESS	975 Arthur Godfrey Rd., Suite 202
CITY-ST-ZIP	~~MIAMI SHORES FL 33138~~	3 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 119.07(1)(e), 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] 5/30/95 (305) 674-1820

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

0146210 CP