**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

95 JUN 19 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P92000005451 (9)

1. Corporation Name
MIAMI HOMEWORKS, INC.

600001518226
-06/20/95--01109--022
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 5401 COLLINS AVE<br>APT 401<br>MIAMI BCH FL 33140<br>US | 150 WEST FLAGLER STREET<br>2200 MUSEUM TOWER SUITE BJM<br>MIAMI FL 33130 |

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 25 EAST RIVO ALTO DR.
22 Suite, Apt. #, etc: —
23 City & State: MIAMI BEACH, FL
24 Zip: 33139
25 Country: U.S.A.

2a. Mailing Address
26: 25 EAST RIVO ALTO DR.
27 Suite, Apt. #, etc: —
28 City & State: MIAMI BEACH, FL
29 Zip: 33139
30 Country: U.S.A

4. FEI Number: 65-0382663 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| MCDONOUGH, BRIAN J<br>2200 MUSEUM TOWER SUITE BJM<br>150 WEST FLAGLER STREET<br>MIAMI FL 33130 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (Registered Agent's Signature Required when Applicable) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| 12 NAME | SESLOWSKY, HARVEY | 12 NAME | ■ NONE. SESLOWSKY, HARVEY |
| 13 STREET ADDRESS | 5401 COLLINS AVENUE SUITE 401 | 13 STREET ADDRESS | 291 BAL BAY DR. |
| 14 CITY ST ZIP | MIAMI BEACH FL 33140 | 14 CITY ST ZIP | BAL HARBOUR, FL 33154 |
| 21 TITLE | D | 21 TITLE | ☐ Change ☒ Addition |
| 22 NAME | SESLOWSKY, HELEN | 22 NAME | D. PHAFF, DORI |
| 23 STREET ADDRESS | 5401 COLLINS AVENUE SUITE 401 | 23 STREET ADDRESS | 25 EAST RIVO ALTO DRIVE |
| 24 CITY ST ZIP | MIAMI BEACH FL 33140 | 24 CITY ST ZIP | MIAMI BEACH, FL 33139 |
| 31 TITLE | | 31 TITLE | ☒ Change ☐ Addition |
| 32 NAME | | 32 NAME | D. SESLOWSKY, HELEN |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | 291 BAL BAY DRIVE |
| 34 CITY ST ZIP | | 34 CITY ST ZIP | BAL HARBOUR, FL 33154 |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | $87.6/19 |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | REMITTED BY MAY 1 |

14. I the Florida 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 added by attachment with an address.

SIGNATURE: H. Eugene Seslowsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR

May 1st 1995
Date

538-1009
Daytime Phone #

0127078 CP