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

APPROVED
AND
FILED

95 MAY -1 AM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009788 (0)**

1. Corporate Name
ANDREW WEINKLE & ASSOCIATES, INC.

Principal Place of Business
8310 SW 62ND CT
MIAMI FL 33143

Mailing Address
8310 SW 62ND CT
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 65-0388495 — 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
WEINKLE, ANDREW
8310 SW 62ND CT
MIAMI FL 33143

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 Section 607.0505 and/or 608.415 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 my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
D	WEINKLE, ANDREW 8310 SW 62ND CT MIAMI FL 33143
Title	Name / Address
Title	Name / Address
Title	Name / Address
Title	Name / Address
Title	Name / Address
Title	Name / Address

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	Name / Address	Change / Addition
Title	Name / Address	☐ Change ☐ Addition
Title	Name / Address	☐ Change ☐ Addition
Title	Name / Address	☐ Change ☐ Addition
Title	Name / Address	☐ Change ☐ Addition
Title	Name / Address	☐ Change ☐ Addition
Title	Name / Address	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report substantially complies with the requirements of Section 607.0505 or 608.415 Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct and that the corporation shall have the same hours of business and be open for business at the principal place of business or the principal place of business as amended herein on the date the report is required by Chapter 607 Florida Statutes, and that my name appears in Block 12, or Block 13 if changed, or is the registered agent on file with the office.

SIGNATURE: 4/15/95 305 661 3416

SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR

D103414 CP