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 APR 13 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010726

1. Corporation Name

ARAUJO & PINTO, INC.

Principal Place of Business	Mailing Address
888 S. Andrews Avenue Suite 308 Ft. Lauderdale, FL	888 S. Andrews Ave. Suite 308 Ft. Lauderdale, FL

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 3320 N. E. 33rd St.	26 c/o 600 S. Andrews Ave.
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Suite 400
City & State 23 Ft. Lauderdlae, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33308 / Country 25 USA	Zip 29 33301 / Country 30 USA

4. FEI Number: 65-0381460 ☐ 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

Green, Bruce D.
888 South Andrews Avenue
Suite 308
Fort Lauderdale, FL 33316

10. Name and Address of New Registered Agent

01 Name: Green, Bruce D.
02 Street Address (P.O. Box Number is Not Acceptable): 600 South Andrews Avenue
03 Suite 400
04 City: Fort Lauderdale FL 85 Zip Code: 33301

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 title if applicable) NOTE: Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS	
TITLE	D/P
NAME	Pinto, David
STREET ADDRESS	116 Lake Emerald Drive #209
CITY ST ZIP	Fort Lauderdale, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	100000145673 1	
2.4 CITY ST ZIP	04/14/95--01057--014	
3.1 TITLE	***200.00 ****200.00	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP	LW 41395	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-95 (Date) 305-563-5406 (Daytime Phone #)