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 FILED
95 MAY -1 PM 1:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P92000013328 (9)

1. Corporation Name

INTERNATIONAL COMBUSTION ENHANCEMENT, INC.

Principal Place of Business	Mailing Address
3654 CYPRESS ST. TAMPA FL 33607	3654 CYPRESS ST. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1992
3a. Date of Last Report: 07/15/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3164191 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 County 25	Zip 29 County 30	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
DAHL, DARRELL A JR 3654 CYPRESS ST. TAMPA FL 33607	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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DAHL, DARRELL A JR	1.2 NAME	
STREET ADDRESS	3654 CYPRESS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	O'KELLEY, CHARLES	2.2 NAME	
STREET ADDRESS	120 HYDE PARK PLACE, SUITE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERRELL, WILLIAM J	3.2 NAME	
STREET ADDRESS	1609 W. SWANN AVE. SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOSES, MICHAEL R	4.2 NAME	
STREET ADDRESS	1509 W. SWANN AVE. SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: Darrell A. Dahl DARRELL A. DAHL, JR. 3/4/95 813 348-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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CORPORATION ANNUAL REPORT
1995

DOCUMENT # P92000013351 (1)

1. Corporate Name
ITALERA CONSTRUCTION CO.

Principal Place of Business: ~~2953 SIMMS ST HOLLYWOOD FL 33020~~ US

Mailing Address: ~~2953 SIMMS ST HOLLYWOOD FL 33020~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0376461	☐ 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 2890 GRIFFIN RD	26 2890 GRIFFIN RD
22 Suite, Apt. #, etc. SUITE 4	27 SUITE 4
23 City & State DANIA FL	28 DANIA FL
24 Zip 33312 — 25 Country	29 Zip 33312 — 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERATOSTENE, JOHN A	81 Name
~~2953 SIMMS ST~~	82 Street Address (P.O. Box Number is Not Acceptable) 2890 GRIFFIN RD
~~HOLLYWOOD FL 33020~~	83 SUITE 4
	84 City DANIA FL 85 Zip Code 33312

11. Pursuant to the provisions of Sections 607.1502 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] JOHN A. ERATOSTENE 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	ERATOSTENE, JOHN A	
STREET ADDRESS	6047 SW 18 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: [signature] JOHN A. ERATOSTENE 4/27/95 (305) 964-6515

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

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