Date Due: 05/01/95 **Amount Due: $200.00** **If After Due Date: $225.00**

APPROVED AND FILED
95 JUN 19 PM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # P92000014522

LIMA SERVICES CORPORATION
2111 W FLAGLER STREET
MIAMI, FLORIDA 33135

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-21-92
3a. Date of Last Report: 12-31-93

FILING FEE $200.00
ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 65-0380889
☐ Applied For
☐ Not Applicable

2. Mailing Address
21 2111 W FLAGLER ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FLORIDA
Zip 24 33135 Country 25

2a. Principal Place of Business
26 2111 W FLAGLER ST.
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FLORIDA
Zip 29 33135 Country 30

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALEJANDRO M. REYNA
2111 W FLAGLER ST.
MIAMI, FLORIDA 33135

10. Name and Address of New Registered Agent

81 Name: GLADYS I. CREVOISIER
82 Street Address (P.O. Box Number is Not Acceptable): 2111 W FLAGLER ST.
83
84 City: MIAMI FL 85 Zip Code: 33135 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1506, 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 X _____ DATE 6-9-95
Registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	DIRECTOR	1.1 TITLE	
1.2 NAME	GLADYS I. CREVOISIER	1.2 NAME	
1.3 ADDRESS	585 E 49th ST.HIALEAH,FL 3301	1.3 ADDRESS	
1.4 CITY ST ZIP		1.4 CITY ST ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	800001518328
2.3 ADDRESS		2.3 ADDRESS	-06/20/95--01119--010
2.4 CITY ST ZIP		2.4 CITY ST ZIP	****233.75 ****233.75
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY ST ZIP		6.4 CITY ST ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with an address change, or on an attachment with an address.

SIGNATURE X _____ DATE 6-9-95

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number ( )

FOLD ◀ ---------- ▶ FOLD