SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994. AMOUNT DUE ON OR BEFORE 6/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT ~~1994~~ 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000413 (3)

1. Corporation Name
S & T, INC.

Mailing Address	Principal Place of Business
3320 N.E. 15TH COURT FORT LAUDERDALE FL 33304	3320 N.E. 15TH COURT FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 05/03/1993
4. FEI Number: 65-0383825 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PARNELL LEDFORD AJR~~
~~5546 WEST OAKLAND PARK BLVD.~~
~~SUITE 200~~
~~FORT LAUDERDALE FL 33313~~

10. Name and Address of New Registered Agent

81 Name: Steve Hakimi
82 Street Address (P.O. Box Number is Not Acceptable): 3320 NE 15th Court
83
84 City: Fort Lauderdale — FL — 85 Zip Code: 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Steve Hakimi ✓ [signature] 4/25/95
Signature, typed or printed name of registered agent and title if applicable — REQUIRED: Registered Agent's signature (old and new if changing) — DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	HAKIMI STEVE	1.2 NAME	
1.3 STREET ADDRESS	3320 N.E. 15TH COURT	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	FORT LAUDERDALE FL 33304	1.4 CITY, ST, ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	400001478244
2.3 STREET ADDRESS		2.3 STREET ADDRESS	-05/08/95--01021--018
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	****200.00 ****200.00
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET 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 STREET ADDRESS		4.3 STREET 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 STREET ADDRESS		5.3 STREET 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 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	TS 5/4/95

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(1)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ [signature] Steve Hakimi ✓ 4/25/95 739-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004024