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

MAY 11 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002797 (7)

1. Corporate Name
JOHN S. LEVY, P.A.

Principal Place of Business
3050 NORTH FEDERAL HWY.
SUITE 200
LIGHTHOUSE POINT FL 33064-6852

Mailing Address
3050 NORTH FEDERAL HWY.
SUITE 200
LIGHTHOUSE POINT FL 33064-6852

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 01/13/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0380182 — [ ] 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. [illegible] Florida Statutes. [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

LEVY, JOHN S
3050 N FEDERAL HIGHWAY, STE 200
LIGHTHOUSE POINT FL 33064

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 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

12. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	LEVY, JOHN S
STREET ADDRESS	3050 N. FED. HWY., SUITE 200
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064-6852
TITLE	T
NAME	LEVY, JOHN S
STREET ADDRESS	3050 N. FED. HWY., SUITE 200
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064-6852

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with [ ] Change [ ] Addition)

14. I the undersigned, 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John S Levy

5/2/95 — 305-782-4220
Date — Daytime Phone #

0108840 CP

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CORPORATION ANNUAL REPORT

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DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000002867 (8)

1. Corporate Name

T T R CORPORATION

Principal Place of Business	Mailing Address
4960 SW 72ND AVE STE 209 MIAMI FL 33155	4960 SW 72ND AVE STE 209 MIAMI FL 33155

3. Date Incorporated or Qualified: 01/12/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0381366	☐ 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
21 937 SW 7AVE.	26 11774 SW 32 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL.	28 City & State: Miami, FL.
24 Zip: 33130 25 Country: MIAMI	29 Zip: 33175 30 Country: Dade

9. Name and Address of Current Registered Agent

KONDLA, RICHARD F
4960 SW 72ND AVE
STE 209
MIAMI FL 33155

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	MUNOZ, TOMAS	NAME	
STREET ADDRESS	4960 SW 72ND AVE #209	STREET ADDRESS	11774 SW 32 ST.
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	MIAMI, 33175
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95
Date

0164717 CP