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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:43

DOCUMENT # **P93000004422 (0)**

1. Corporation Name
MERIDITH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P O BOX 370277 MIAMI FL 33137	P O BOX 370277 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0396172 ☐ 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) Country (25) / Zip (29) Country (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

FRIEDLANDER, EUGENE C
2801 NW 6TH AVE
MIAMI FL 33137

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FREIDLANDER, EUGENE C	12 NAME	
STREET ADDRESS	2801 NW 6TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL L	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: EUGENE C. FRIEDLANDER 3/27/95 (305) 5761363
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 32 PM 12:54

DOCUMENT # **P93000005460 (9)**

1. Corporation Name
NORTH AMERICAN SPORTS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751	2200 LUCIEN WAY SUITE 450 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1993**
3a. Date of Last Report: **07/05/1994**

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

4. FEI Number: **59-3183921** ☐ 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	10. Name and Address of New Registered Agent
B & C CORPORATE AGENTS OF CENTRAL FLORIDA 390 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☐ Change ☐ Addition
NAME	SCIARRINO, MICHAEL J	1.2 NAME	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 450	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	GINSBURG, ALAN H	2.2 NAME	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 450	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Alan H. Ginsburg 3/27/95 407/660-1110
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

THE CED CONSTRUCTION COMPANIES
2200 LUCIEN WAY • SUITE 450 • MAITLAND, FLORIDA 32751 • (407) 660-1110 • FAX (407) 875-0613

P93000005460

DELIVERED VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

March 27, 1995

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: North American Sports Management, Inc.

Dear Sir or Madam:

Enclosed for filing is the 1995 Corporation Annual Report for the above-referenced entity. Also enclosed is a check in the amount of $200 to cover the cost of the filing fee.

If you have any questions, or require further information, please call. Thank you.

Very truly yours,

Patricia Geoghegan
Executive Assistant to
Alan H. Ginsburg

\pag
Enclosures

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:28

DOCUMENT # **P93000005904 (6)**

1. Current Name
MIRAMAR DRYWALL & PAINT, INC.

Principal Place of Business	Mailing Address
15485 EAGLE NEST LANE SUITE 200 MIAMI LAKES FL 33014	15485 EAGLE NEST LANE SUITE 200 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/26/1993	05/01/1994

2
21 TOWN485 330140277 1594 01/12/95
NOTIFY SENDER OF NEW ADDRESS
22 TOWNE COMPANIES INC
7975 NW 154TH ST #400
HIALEAH FL 33016-5849
23
24

4. EIN Number: 65-0384737 — 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

ALHADEFF, E R
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130

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 Section 607.0502 (or 617.0502), 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 that position as provided for in Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D PEREZ, JORGE M 2828 CORAL WAY, PENTHOUSE MIAMI FL 33145	☐ Change ☐ Addition
PST CARDOSO SILVIO 2828 CORAL WAY MIAMI FL	☑ Change ☐ Addition V.P. MARCELO A. ALVAREZ 2828 CORAL WAY, PH MIAMI, FLORIDA 33145
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare, under penalty of perjury, that this document complies with the applicable provisions of Florida Statutes. I further declare that the information contained herein, including any supplemental information, is true, accurate and complete as of the date of this report. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: JORGE M. PEREZ, D. — 3/23/95 — (305) 460-1900

SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATION — DATE — DAYTIME TELEPHONE NUMBER

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

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DIVISION OF CORPORATIONS
95 MAR 32 PM 1:28

DOCUMENT # **P93000005910 (3)**

1. Corporation Name
HIALEAH FLOOR COVERINGS, INC.

Principal Place of Business	Mailing Address
15485 EAGLE NEST LANE SUITE 200 MIAMI LAKES FL 33014	15485 EAGLE NEST LANE SUITE 200 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0384734 ☐ 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

ALHADEFF, E R
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JORGE M	1.2 NAME	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	~~PST~~ V.P.	2.1 TITLE V.P.	MARCELO A. ALVAREZ ☑ Change ☐ Addition
NAME	~~SILVIO, CARBORO~~	2.2 NAME	2828 CORAL WAY, PH
STREET ADDRESS	~~2828 CORAL WAY~~	2.3 STREET ADDRESS	MIAMI, FLORIDA 33145
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

SIGNATURE: _____ 3/29/95 (305)460-9900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
JORGE M. PEREZ

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:26

DOCUMENT # **P93000005950 (9)**

1. Corporation Name
INFORMATION CONSULTING NETWORK, INC.

Principal Place of Business	Mailing Address
17522 NW 7TH CT PEMBROKE PINES FL 33029 US	8362 PINES BLVD STE 368 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0376655 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): STE 286
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) Country (25)
Zip (29) Country (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

NEIL, GARY
17522 NW 7TH CT
PEMBROKE PINES FL 33029

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NEIL, GARY	12 NAME	
STREET ADDRESS	17522 NW 7TH CT	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	
TITLE	CEOD	21 TITLE	☐ Change ☐ Addition
NAME	LYNN, SANDRA	22 NAME	
STREET ADDRESS	1951 HUNTCLIFF DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA	24 CITY-ST-ZIP	
TITLE	TVSP	31 TITLE	☐ Change ☐ Addition
NAME	BERZON, ERIC	32 NAME	
STREET ADDRESS	7387 FAIRWAY DR #256	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: X J. J. Neil Gary J. Neil 3-17-95 (305) 438-1366
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)