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

95 MAY 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000004635 (7)

1. Corporation Name

INCAR INTERNATIONAL CORPORATION

Principal Place of Business: 1517 N.W. 82ND AVENUE, MIAMI FL 33126

Mailing Address: 1517 N.W. 82ND AVENUE, MIAMI FL 33126

3. Date Incorporated or Qualified: 01/15/1993

3a. Date of Last Report: 07/29/1994

4. FEI Number: 65-0382568 — Applied For / Not Applicable

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

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
MANGANIELLO, SANDRA H 1517 N.W. 82ND AVE. MIAMI FL 33126	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	P	1 TITLE	P, S, T, D ☒ Change ☐ Addition
NAME	SUAREZ, OMAR R	1 NAME	MANGANIELLO, SANDRA
STREET ADDRESS	1517 N.W. 82ND AVENUE	1 STREET ADDRESS	1517 NW 82nd Ave.
CITY-ST-ZIP	MIAMI FL 33126	1 CITY-ST-ZIP	Miami, FL. 33126
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	MANGANIELLO, SANDRA H	2 NAME	
STREET ADDRESS	1517 N.W. 82ND AVENUE	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Sandra Manganiello — 5-8-95

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

0123481 CP