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 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005008 (6)**

1. Corporation Name

THE CLUB SHOP, INC.

Principal Place of Business	Mailing Address
8709 LIVE OAK CT. CAPE CANAVERAL FL 32920	8709 LIVE OAK CT. CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3201940** ☐ 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 — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEEVERS, JUDITH C
8709 LIVE OAK CT.
CAPE CANAVERAL FL 32920

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 Mark D. Craft MARK D. CRAFT PRESIDENT — 2 MAY 95

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DEEVERES, JUDITH C
STREET ADDRESS	8709 LIVE OAK CT.
CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	PCD
NAME	CRAFT, MARK D
STREET ADDRESS	3429 SADDLE BROOK DRO
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	~~VST~~
NAME	~~CRAFT, MARTIN V~~
STREET ADDRESS	~~3429 SADDLE BROOK DR~~
CITY-ST-ZIP	~~MELBOURNE FL 32934~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1		☐ Change ☐ Addition
2		☐ Change ☐ Addition
3	Delete	☑ Change ☐ Addition
4		☐ Change ☐ Addition
5		☐ Change ☐ Addition
6		☐ Change ☐ Addition

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 the 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: Mark D. Craft PRESIDENT — 2 May 95 — 784 8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073146 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005087 (0)**

1. Corporate Name
BRUMIC DESIGNS, INC.

Principal Place of Business
4450 SW 61 AVE
BAY 12
DAVIE FL 33314
US

Mailing Address
5090 SW 64TH AVE #206
DAVIE FL 33314

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/21/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt. # or etc.
22

Suite Apt. # etc.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **65-0381586** — 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. The corporation is subject to the provisions of Chapter 607, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WAIKSNIS-TELGEN, MICHELE
5090 SW 64TH AVE #206
DAVIE FL 33314

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 607.0505 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

(If changing registered agent, this must be signed by the new agent) (If changing registered agent, this must be signed by the current or former agent) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	**PSD**	11 TITLE	☐ Change ☐ Addition
12 NAME	**TELGEN, DONALD B**	12 NAME	
13 STREET ADDRESS	**5090 SW 64 AVE., #206**	13 STREET ADDRESS	
14 CITY ST ZIP	**DAVIE FL**	14 CITY ST ZIP	
21 TITLE	**VPTD**	21 TITLE	☐ Change ☐ Addition
22 NAME	**WAKSNIS-TELGEN, MICHELE**	22 NAME	
23 STREET ADDRESS	**5090 SW 64 AVE., #206**	23 STREET ADDRESS	
24 CITY ST ZIP	**DAVIE FL**	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my/our signature(s) 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 added by an attachment with an address.

SIGNATURE: Michele Waiksnis-Telgen — 5-19-95 — (305) 356-4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

Michele Waiksnis-Telgen

0222003 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000005262 (9)

1. Corporation Name

JAGRO FLORIDA, INC.

Principal Place of Business
8400 NW 52ND STREET
SUITE 116
MIAMI FL 33166

Mailing Address
290 NYE AVENUE
IRVINGTON NJ 07111

DO NOT WRITE IN THIS SPACE

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

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0387788 — 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 — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLTON, KATHLEEN
8400 N.W. 52ND ST.
SUITE 116
MIAMI FL 33166

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 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 Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GROB, GERHARD
STREET ADDRESS	1064 RAMAPO VALLEY RD
CITY-ST-ZIP	MAHWAH NJ 07430
TITLE	ST
NAME	JAISLI, JOHN
STREET ADDRESS	42 WINTHROP RD.
CITY-ST-ZIP	JAMESBURG NJ 08831

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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: GERHARD GROB — 5/17/95 — 201-376-6655

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

0484071 FN

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 2? AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000005434 (4)

1. Corporation Name

GISUMA INTERNATIONAL CORPORATION

Principal Place of Business: CALLE OCHO, #1015, SAN JOSE, COSTA RICA, OC

Mailing Address: CALLE OCHO, #1015, SAN JOSE, COSTA RICA, OC

3. Date Incorporated or Qualified: 01/25/1993	3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0418713	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 — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
3850 S.W. 87TH AVE.
SUITE 207
MIAMI FL 33165

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 IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, GILBERTO	1 NAME	
STREET ADDRESS	CALLE OCHO, #1015	1 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20th 95 — Date
305.4473428 — Daytime Phone #

0492604 IN

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
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006173 (7)

1. Corporate Name
SEACLOUD ORCHIDS AND TROPICALS INC.

Principal Place of Business:
~~32 DONDI ROAD~~
KEY WEST FL 33040

Mailing Address:
~~32 DONDI ROAD~~
KEY WEST FL 33040

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0383112 — 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 is eligible for intangible tax under Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21: 727 U.S. #1 MM 10
22: Suite, Apt. #, etc.
23: City & State: Key West, Fl.
24: Zip: 33040
25: County: Monroe

2a. Mailing Address
26: 727 U.S. #1 MM10
27: Suite, Apt. #, etc.
28: City & State: Key West, Fl.
29: Zip: 33040
30: Country: Monroe

9. Name and Address of Current Registered Agent

HUDSON, ERNEST E
~~32 DONDI ROAD~~
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81: Name
82: Street Address (P.O. Box Number is Not Acceptable): 727 U.S. #1 MM10
83:
84: City: Key West
85: FL
Zip Code: 33040

11. [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: REICHLEY, WILLIAM E STREET ADDRESS: ~~32 DONDI ROAD~~ CITY-ST-ZIP: KEY WEST FL 33040	[X] Change [ ] Addition STREET ADDRESS: 727 U.S. #1 MM10
TITLE: D NAME: HUDSON, ERNEST E STREET ADDRESS: ~~32 DONDI ROAD~~ CITY-ST-ZIP: KEY WEST FL 33040	[X] Change [ ] Addition STREET ADDRESS: 727 U.S. #1 MM10
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: *Ernest Hudson* ERNEST Hudson — 5-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100500 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000006183 (6)

1\. Corporate Name

FINE CONTRACT, INC.

Principal Place of Business	Mailing Address
1100 E. 41 STREET HIALEAH FL 33013	1100 E. 41 STREET HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: **01/26/1993**

3a. Date of Last Report: **04/26/1994**

4\. FEI Number: **65-0389776** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133

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	**PTD**
NAME	**PEREZ, ISIDORO**
STREET ADDRESS	**6161 W. 14 CT**
CITY-ST-ZIP	**HIALEAH FL 33012**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 Date

(305) 836-5890 Daytime Phone

0082748 CP