FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000010188

1. Corporation Name

THE SHAMROCK OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
12615 SW 91st Street Miami, Fla. 33186	12615 SW 91st. Street Miami, Fla. 33186

3. Date Incorporated or Qualified: Feb. 10, 1993

3a. Date of Last Report:

2. Principal Place of Business
21 12615 SW 91st. Street
22 Suite, Apt. #, etc.
23 City & State: Miami, Fla
24 Zip: 33186 25 Country: US.

2a. Mailing Address
26 12615 SW 91st. Street
27 Suite, Apt. #, etc.
28 City & State: Miami, Fla.
29 Zip: 33186 30 Country: US

4. FEI Number: 65-050-1200 — 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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

Rosa Maria Ruiz
12590 SW 96 Street
Miami, Fl 33186

10. Name and Address of New Registered Agent

81 Name: Rosa Maria Chuman
82 Street Address (P.O. Box Number is Not Acceptable): 12615 SW 91st. Street
83 Miami, Fla. 33186
84 City: Miami, Fla. FL 85 Zip Code: 33186

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: X Rosa Chuman ROSA MARIA CHUMAN, PRESIDENT 6/3/96
Signature, typed or printed name of person signing and title or capacity, if applicable (Must be Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosa Maria Ruiz 12590 SW 96 Street Miami, Fla. 33186 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Rosa Maria Chuman 12615 SW 91st Street Miami, Fla.33186 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001868492 -06/20/96--01003--017 ***200.00

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: ROSA MARIA CHUMAN, PRESIDENT 4/30/96 (305) 598-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #