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

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013372 (6)

1. Current Name
SABRUS INC.

Principal Place of Business
% VALDES-FAULI COBB BISCHOFF & KRISS P.A.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897

Mailing Address
% VALDES-FAULI COBB BISCHOFF & KRISS P.A.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897

(FOR OFFICE USE ONLY)

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 04/08/1994

2. Principal Address	2a. Mailing Address	4. FEI Number: 65-0468009	☐ Applied For ☐ Not Applicable
21 2 S. Biscayne Blvd	26 2 S. Biscayne Blvd.		
Suite, Apt. # or 22 #3400	Suite, Apt. # or 27 #3400	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City, State 23 Miami, FL	City, State 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 33131 25	29 33131 30	7. This corporation is requesting to be registered under Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
%THOMAS C. COBB ONE BISCAYNE TOWER
2 S BISCAYNE BLVD SUITE 3400
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

81 Name: Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd., #3400
83
84 City: Miami FL 85 33131

11. Pursuant to the provisions of Section 607.193 and/or 608.4101, Florida Statutes, the above named corporation submits the 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 duties and responsibilities of registered agent.

SIGNATURE: Vice President 4/7/95

12. OFFICER AND DIRECTOR(S)

PSD
GEWURZ, SAMUEL
% 2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL
VAS
GEWURZ, BRENDA
TWO S BISCAYNE BLVD #4900
MIAMI FL

13. ADDITIONAL OFFICER AND DIRECTOR(S)

V/AS

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: SAMUEL GEWURZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120362 CP