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 JUN 28 AM 9:22

DOCUMENT # **P93000013495 (5)**

1. Corporation Name
MC. NEAL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE. STE #828 MIAMI FL 33131 US	444 BRICKELL AVE. STE # 828 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0390957	☐ 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 files jointly for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2025 BRICKELL AVE.	26 SAME
Suite, Apt. #, etc. 22 905	Suite, Apt. #, etc. 27
City & State 23 MIAMI - FLORIDA	City & State 28
Zip 24 33129	Country 25 USA.
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BORNIA, ALESSANDRA V. 2025 BRICKELL AVE. APT. 905 MIAMI FL 33129	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 (and/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	P	11 TITLE	☐ Change ☐ Addition
NAME	BORNIA, ALESSANDRA V	12 NAME	
STREET ADDRESS	2025 BRICKELL AVE., APT 905	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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: _____ June 26TH 1995 (305)579-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132241 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000014116 (6)

1. Corporation Name

SCHULTE BLUM MCMAHON & JOBLOVE, A PROFESSIONAL A SSOCIATION

Principal Place of Business	Mailing Address
200 SO. BISCAYNE BLVD SUITE 3150 MIAMI FL 33131	200 SO. BISCAYNE BLVD SUITE 3150 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0389398	☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BISBING, MARK
200 SO. BISCAYNE BLVD
SUITE 3150
MIAMI FL 33131

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	P	11 TITLE	☒ Change ☐ Addition
NAME	SCHULTE, JOHN H	12 NAME	Schulte, John H.
STREET ADDRESS	4840 CAMPO SANO COURT	13 STREET ADDRESS	6210 Maggiore St.
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BLUM, BERRY W	22 NAME	
STREET ADDRESS	7420 SW 106TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, PAUL J	32 NAME	
STREET ADDRESS	1040 VALENCIA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	JOBLOVE, MICHAEL	42 NAME	
STREET ADDRESS	10918 NASHVILLE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	PERLMAN, JONATHAN E	52 NAME	Perlman, Jonathan E
STREET ADDRESS	5005 COLLINS AVE #514	53 STREET ADDRESS	1541 Brickell Ave. #1501
CITY-ST-ZIP	MIAMI FL 33131	54 CITY-ST-ZIP	Miami, FL 33129
TITLE	ST	61 TITLE	☒ Change ☐ Addition
NAME	BISBING, MARK	62 NAME	ST Bisbing, Mark
STREET ADDRESS	3405 BANOS COURT	63 STREET ADDRESS	720 Coral Way No. 2B
CITY-ST-ZIP	MIAMI FL 33146	64 CITY-ST-ZIP	Coral Gables FL 33134

CR2E034 (3/95)

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: MARK BISBING 6/26/95 3-5 777 2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0037678 CP