FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT 1995

APPROVED AND FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000016902 (7)

1. Corporate Name

CARMELA, INC.

Principal Place of Business: 16663 N.E. 19TH AVE. NORTH MIAMI BEACH FL 33162

Mailing Address: 16663 N.E. 19TH AVE. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1993

3a. Date of Last Report: 08/09/1994

4. FEI Number: 65-0506021 — 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 1830 Spral Palm Dr
Suite, Apt #, etc. 22 Apt 301
City & State 23 Ft. Lauderdale, FL
Zip 24 33324 Country 25 US.

2a. Mailing Address
26
Suite, Apt. # 27 NEW ADDRESS MAX M. HAGEN,
City 28 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HAGEN, MAX M
16663 N.E. 19TH AVE.
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~NEW ADDRESS~~ MAX M. HAGEN,
84 City 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021 — 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

TITLE	DPST
NAME	HAGEN, MAX M
STREET ADDRESS	16663 N.E. 19TH AVE.
CITY-ST-ZIP	N. MIAMI BEACH FL 33162

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3990 Sheridan St., Suite 104	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Max M. Hagen Pres. — 2/28/95 — (305) 987-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MAX M. HAGEN — Date — Daytime Phone #

0170100 CP