FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024004

2230 Holdings Corp.

2230 NW 30TH ST.
MIAMI FLA 33142

7118 W 29TH WAY
HIALEAH FLA 33016

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified: 4/1/93

6. Date of Last Report:

7. FEI Number: 65-0348594 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

☐ $5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. # or etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

MARIO MENCI
7118 W 29TH WAY
HIALEAH FLA 33016

10. Name and Address of New Registered Agent

01 Armando Hernandez, CPA
02 (P.O. Box Number is Not Acceptable) 520 Biltmore Way
03
04 City: Coral Gables FL 05 Zip Code: 33134

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: A. Hernandez CPA — 4/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT. MARIO MENCI 7118 W 29TH WAY HIALEAH FLA 33016	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 700001478377 -05/08/95--01055--020 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition T.S. 5/5/95

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: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #