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

FILED
95 JUL 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000024475 (4)**

1. Corporation Name
CEIUSA INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
997 N.W. 106TH AVENUE CIRCLE MIAMI FL 33172	8204 NW 64 ST. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/29/1993	04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 8257 NW 56th St.	26 8257 NW 56th St.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

4. FEI Number: 52-1820366 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — **$8.75** Additional Fee Required

6. [illegible] — ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PACHECO, PAULO C 8204 NW 64TH ST. MIAMI FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8257 NW 56th St. 83 84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Section(s) 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: [signature] 07 12 1995
(Registered Agent's printed name if registered agent is not an individual) (If a Registered Agent is an individual, that individual must sign) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
11 TITLE	D	11 TITLE	XX Change ☐ Addition
12 NAME	PACHECO, PAULO C	12 NAME	
13 STREET ADDRESS	8204 NW 64TH	13 STREET ADDRESS	8257 NW 56th St.
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33166
21 TITLE		21 TITLE	☐ Change XX Addition
22 NAME		22 NAME	Director of Marketing Ana Paula P. Wannemacher
23 STREET ADDRESS		23 STREET ADDRESS	8257 NW 56th St.
24 CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33166
31 TITLE		31 TITLE	☐ Change XX Addition
32 NAME		32 NAME	Executive Manager Nathan P. Wannemacher
33 STREET ADDRESS		33 STREET ADDRESS	8257 NW 56th St.
34 CITY ST ZIP		34 CITY ST ZIP	Miami, FL 33166
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information indicated on 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097735 CP