(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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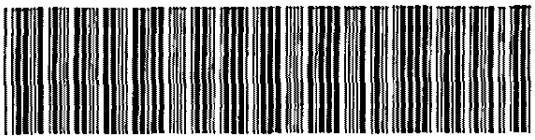

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CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 APR 24 PM 3:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000029443 (7)

1. APEX HOME CORP.

1320 SOUTH DIXIE HWY. #781 CORAL GABLES FL 33146	1320 SOUTH DIXIE HWY. #781 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993 — 3a. [illegible]: 05/01/1994

4. FEI number: 65-0485562

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Additional Fee

8. This corporation has [illegible] for [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORN, GARY A
20803 BISCAYNE BLVD, 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is N/A Acceptable)

83

84 City — FL — 85

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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. I certify that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (or) Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] — Date

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KEARSON, ANA M
STREET ADDRESS	1320 SOUTH DIXIE HWY., #781
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Address
12 NAME	
13 STREET ADDRESS	
CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Address
22 NAME	
23 STREET ADDRESS	
CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Address
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Address
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Address
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Address
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report 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 report or supplemental attachment 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an [illegible]

SIGNATURE: [illegible] — 4/6/95 — 6614852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0160514 CP