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

APPROVED AND FILED

95 ... 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034232 (7)

1. Corporation Name

GOLD LION PUB. INC.

Principal Place of Business

3200 S BERMUDA AVE
KISSIMMEE FL 34746
US

Mailing Address

5198 DOWNING STREET
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1993

3a. Date of Last Report: 04/15/1994

4. FEI Number: 59-3179091 — Applied For / Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

USRY, JOHNNY M
5198 DOWNING STREET
ORLANDO FL 32839

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	USRY, JOHNNY M	12 NAME	
STREET ADDRESS	5198 DOWNING STREET	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	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)(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

4/28/95 Date

(407) 856-0538 Daytime Phone

0410593 FP

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CORPORATION ANNUAL REPORT

1995

FILED
95 MAY -5 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000034736 (7)**

1. Corporate Name

OCEAN RAIN GUTTERS INC.

Principal Place of Business	Mailing Address
12993 S.W. 132ND COURT MIAMI FL 33139	12993 S.W. 132ND COURT MIAMI FL 33139

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **05/12/1993**

3a. Date of Last Report: **05/25/1994**

21	2. Principal Place of Business: 23725 SW 133 Ave	26	2a. Mailing Address: 23725 SW 133 Ave
22	State, Apt. # or Suite	27	State, Apt. # or Suite
23	City & State: Miami FL	28	City & State: Miami FL
24	Zip: 33032	25	Country: U.S.A.
29	Zip: 33032	30	Country: U.S.A.

4. FEI Number: **65-0409355** — 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/will be amongle for under S. 193.052* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PUPO, OSCAR
12993 S.W. 132ND COURT
MIAMI FL

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 23725 S.W. 133 Ave

83

84 City: MIAMI, FLA — FL — 85 Zip Code: 33032

11. Pursuant to the provisions of Section 607.193, and/or 608.4101, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTORS	
1. TITLE	PTD	1. TITLE	☐ Change ☐ Addition
1. NAME	PUPO, OSCAR	1. NAME	
1. STREET ADDRESS	20831 S.W. 256TH ST.	1. STREET ADDRESS	
1. CITY-ST-ZIP	MIAMI FL 33031	1. CITY-ST-ZIP	
2. TITLE	SD	2. TITLE	☐ Change ☐ Addition
2. NAME	PUPO, JOELLE	2. NAME	
2. STREET ADDRESS	20831 S.W. 256TH ST.	2. STREET ADDRESS	
2. CITY-ST-ZIP	MIAMI FL 33031	2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I further certify that the information supplied with this report is voluntarily furnished and that, if applicable, payment in the amount required by Section 607.193(2)(d), Florida Statutes, (Section 608.4101(2)(d), Florida Statutes, for limited partnerships) has been tendered. I further certify that the information indicated on this report or supplemental requests to be deleted is true and that the 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. Each officer and director listed above must sign this report. Please see instructions for additional information.

SIGNATURE: [signature] President 4-27-95 255 4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203074 CP