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1995



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035847 (1)

T-SQUARE MIAMI, INC.

DO NOT WRITE IN THIS SPACE.

|                                                                                         |                     |                                                       |                     |
|-----------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|---------------------|
| 1. Principal Place of Business                                                          |                     | 2a. Mailing Address                                   |                     |
| 998 WEST FLAGLER ST.<br>MIAMI FL 33130                                                  |                     | 998 WEST FLAGLER ST.<br>MIAMI FL 33130                |                     |
| 2. Principal Place of Business                                                          |                     | 2a. Mailing Address                                   |                     |
| 21                                                                                      | State, Apt. #, etc. | 26                                                    | State, Apt. #, etc. |
| 22                                                                                      | City & State        | 27                                                    | City & State        |
| 23                                                                                      | Zip                 | 28                                                    | Zip                 |
| 24                                                                                      | Country             | 29                                                    | Country             |
| 3. Date Incorporated or Qualified                                                       |                     | 3a. Date of Last Report                               |                     |
| 05/14/1993                                                                              |                     | 07/25/1994                                            |                     |
| 4. FEI Number                                                                           |                     | Applied For                                           |                     |
| 65-0502410                                                                              |                     | 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                           |                     |
| 7. 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          |                     |
| GIDNEY, JEFFREY A.<br>998 WEST FLAGLER ST.<br>MIAMI FL 33130                            |                     | B1 Name                                               |                     |
|                                                                                         |                     | B2 Street Address (P.O. Box Number is Not Acceptable) |                     |
|                                                                                         |                     | B3                                                    |                     |
|                                                                                         |                     | B4 City                                               |                     |
|                                                                                         |                     | FL B5 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

(Signature of person changing registered agent and chief executive officer)

(Signature of Registered Agent (signature required when registering))

DATE

| 12. OFFICERS AND DIRECTORS |                                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | P<br>GIDNEY, JEFFREY A.<br>998 W. FLAGLER ST.<br>MIAMI FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                           | 1.2 NAME                                              |                                                                   |
| CITY-STATE-ZIP             |                                                           | 1.3 STREET ADDRESS                                    |                                                                   |
| NAME                       | V<br>CONSOLO, ROBERT J.<br>998 W. FLAGLER ST.<br>MIAMI FL | 1.4 CITY-STATE-ZIP                                    |                                                                   |
| STREET ADDRESS             |                                                           | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP             |                                                           | 2.2 NAME                                              |                                                                   |
| NAME                       |                                                           | 2.3 STREET ADDRESS                                    |                                                                   |
| STREET ADDRESS             |                                                           | 2.4 CITY-STATE-ZIP                                    |                                                                   |
| CITY-STATE-ZIP             |                                                           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                           | 3.4 CITY-STATE-ZIP                                    |                                                                   |
| NAME                       |                                                           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                           | 4.2 NAME                                              |                                                                   |
| CITY-STATE-ZIP             |                                                           | 4.3 STREET ADDRESS                                    |                                                                   |
| NAME                       |                                                           | 4.4 CITY-STATE-ZIP                                    |                                                                   |
| STREET ADDRESS             |                                                           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP             |                                                           | 5.2 NAME                                              |                                                                   |
| NAME                       |                                                           | 5.3 STREET ADDRESS                                    |                                                                   |
| STREET ADDRESS             |                                                           | 5.4 CITY-STATE-ZIP                                    |                                                                   |
| CITY-STATE-ZIP             |                                                           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                           | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                           | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                                                           | 6.4 CITY-STATE-ZIP                                    |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information made a part of 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. 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 on Block 12 or Block 13 if changed, or on an alternate block with an address.

SIGNATURE:

*Jeffrey A. Gidney*

Jeffrey A. Gidney

1/30/95

305-324-1234