FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036233 (3)

1. Current Name
IQUITOS BUILDING, INC.

Principal Place of Business
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

Mailing Address
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 65-0429317 — Applied For / Not Applicable

22 State, Apt. # etc.
27 State, Apt. # etc.

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

23 City, State
28 City, State

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 City 25 Country
29 City 30 Country

8. This corporation has elected to be classified as a small business under S. 192.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALBY, JAY
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

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 Section 607.0505, 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
Registered Agent signature required after complete

12. OFFICERS AND DIRECTORS

TYPE	D
NAME	SALBY, JAY
STREET ADDRESS	801 N. VENETIAN DR. #1105
CITY, ST, ZIP	MIAMI FL 33129
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further I certify that the information indicated on the 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 of this document or attached hereto with an address.

SIGNATURE: J T Salby — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 05/02/95 — (305) 477 0612

0148079 CP