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
MAY -1 AM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042671 (6)

1. Corporation Name
W-L SUMMIT, INC.

Principal Place of Business
C/O 3250 MARY STREET
SUITE 500
MIAMI FL 33133

Mailing Address
C/O 3250 MARY STREET
SUITE 500
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0433103 — 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 liability for intangible tax under s. 199.032, Florida Statutes — Yes / No

2. Principal Place of Business (21–25) / 2a. Mailing Address (26–30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

PELTZ, ARVIN
3250 MARY STREET
SUITE 500
MIAMI FL 33133

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DC	
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY STREET SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPAS	
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY STREET SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	STV	
NAME	TEMLING, W. P	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	
NAME	HEWITT, THOMAS F	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	
NAME	SIBLEY, PETER L	
STREET ADDRESS	3250 MARY ST. STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: W. Peter Temling Sec. 4-27-95 (305) 445-7492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0427833 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000042896 (9)**

1. Corporate Name

BETANCOURT FLORIDA CORP.

ACCEPTED AND FILED
95 APR 28 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12202 NORTH 22ND ST. APARTMENT 812 TAMPA FL 33612	12202 NORTH 22ND ST. APARTMENT 812 TAMPA FL 33612

3. Date Incorporated or Qualified: 06/11/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3181720	☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONDON, RICHARD P 214C BULLARD PARKWAY TEMPLE TERRACE FL 33617-5512	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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BATENCOURT, ROBERT SR.	NAME	
STREET ADDRESS	BVONNEVILLE GARDENS, ST. 6, K8	STREET ADDRESS	
CITY ST ZIP	CAGUAS PR	CITY ST ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	BETENCOURT, ROBERT J	NAME	
STREET ADDRESS	12202 N. 22ND ST., APT 812	STREET ADDRESS	
CITY ST ZIP	TAMPA FL	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	[redacted]BETANCOURT, SALLY	NAME	
STREET ADDRESS	BONNEVILLE GARDENS, ST. 6, K8	STREET ADDRESS	
CITY ST ZIP	CAGUAS PR	CITY ST ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	BETANCOURT, DEBORAH L.	NAME	
STREET ADDRESS	12202 N. 22ND ST., APT. 812	STREET ADDRESS	
CITY ST ZIP	TAMPA FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. To the best of my knowledge, information and belief, the information supplied with this report is complete and accurate. I am executing this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental requests to be filed with this report is true and accurate and that my signature shall serve as my resignation as registered agent, officer or director of the corporation where the resignation is effective upon the filing of this report. I am executing this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: Richard B. Betancourt Jr. ROBERT BETANCOURT JR VICE-PRESIDENT 4-30-95 813-948-9121

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

0443006 FP