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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 25 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044999 (9)**

1. Corporate Name
TEST AIDS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3191 CORAL WAY PH-2 MIAMI FL 33145	9102 W BAY HARBOR DR STE 2BW BAY HARBOR ISLAND FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1993	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0464494	☐ 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	

21 Principal Address	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DE CASTRO, ALFREDO F
3191 CORAL WAY
PH-2
MIAMI FL 33145

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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 _____ (If changing Registered Agent, Registered Agent must sign here) _____ (If changing Registered Agent, new Registered Agent must sign here) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PDT	51 TITLE	☐ Change ☐ Addition
NAME	LEPOUREAU, PIERRE M.	52 NAME	
STREET ADDRESS	9102 W BAY HARBOR DR, STE 2BW	53 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	54 CITY-ST-ZIP	
TITLE	VPSD	55 TITLE	☐ Change ☐ Addition
NAME	CUADRADO, RAUL	56 NAME	
STREET ADDRESS	9102 W BAY HARBOR DR, STE 2BW	57 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	58 CITY-ST-ZIP	
TITLE		59 TITLE	☐ Change ☐ Addition
NAME		60 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY-ST-ZIP		62 CITY-ST-ZIP	
TITLE		63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY-ST-ZIP		66 CITY-ST-ZIP	
TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY-ST-ZIP		70 CITY-ST-ZIP	
TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	

14. I further 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: _____ 1/23/95 (305) 882-7138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PIERRE LEPOUREAU

0163469 CP