

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

DOCUMENT # P93000045071 (6)

1. Corporation Name

404 B CORPORATION

APPROVED
AND
FILED

05 JUL 20 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

6/21/93

2. Principal Place of Business

2a. Mailing Address

21 1000 N. HIATUS ROAD

26 1000 N. HIATUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 140

27 SUITE 140

City & State

City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FL

Zip

Country

Zip

Country

24 33026 25 USA

29 33026 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCENT T. SAMMARCO

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1000 N. HIATUS ROAD

83

SUITE 140

84

CITY PEMBROKE PINES

FL

85

Zip Code

33026

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 (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME EDUARDO SCHLAGETER
STREET ADDRESS 3900 ISLAND BLVD, B404
CITY ST ZIP N. MIAMI BEACH, FL 33160

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
100001551281
-08/02/95--01002--011
****225.00 ****225.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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)(k), 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 as indicated, or in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95

(305) 432-6667

Date

Telephone Number

EDUARDO SCHLAGETER