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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:47

DOCUMENT # P93000057259 (2)

1. Corporation Name
MONSALVE GROUP CORPORATION, U.S.A.

Principal Place of Business
15830 LINDBERG LANE
WELLINGTON FL 33414

Mailing Address
15830 LINDBERG LANE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 10/05/1994

21 Principal Place of Business: 4460 Carver Street
26 Mailing Address: 4460 Carver Street
22 Suite, Apt. #, etc.: Suite A
27 Suite, Apt. #, etc.: Suite A
23 City & State: Lake Worth, Fl.
28 City & State: Lake Worth, Fl.
24 Zip: 33461
25 Country: U.S.A.
29 Zip: 33461
30 Country: U.S.A.

4. FEI Number: 65-0431020 — 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

9. Name and Address of Current Registered Agent
UHLEY, LANCE S
15670 LINDBERG LANE
WEST PALM BEACH FL 33414

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President/Secretary/Treasurer ☒ Change ☐ Addition
NAME	MONSALVE, PEDRO J	1.2 NAME	MONSALVE, LUISA I
STREET ADDRESS	15830 LINDBERG LANE	1.3 STREET ADDRESS	15830 Lindberg Lane
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 CITY-ST-ZIP	Wellington, Fl. 33414
TITLE	V	2.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	MONSALVE, LUISA I	2.2 NAME	Monsalve, Pedro J. Jr.
STREET ADDRESS	15830 LINDBERG LANE	2.3 STREET ADDRESS	15830 Lindberg Lane
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	Wellington, Fl. 33414
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	MONSALVE, PEDRO J JR.	3.2 NAME	
STREET ADDRESS	15830 LINDBERG LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 the 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: _____ 407-434-9111 5/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0252604 CP