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 25 PM 12:10

DOCUMENT # **P93000058467 (0)**

1. Corporation Name
A-1 BUDGET TRANSMISSION, INC.

Principal Place of Business	Mailing Address
342 NE 167TH STREET N MIAMI BEACH FL 33162	342 NE 167TH STREET N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 907 W. HALLANDALE BCH BLVD	26 907 W. HALLANDALE BCH BLVD
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 HALLANDALE, FL 33009	City & State 28 HALLANDALE, FL 33009
Zip / Country 24 33009 / 25 U.S.A.	Zip / Country 29 33009 / 30 U.S.A.

4. FEI Number: 65-0430585 ☐ 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	10. Name and Address of New Registered Agent
SHALITA, STANLEY B 342 NE 167TH STREET N MIAMI BEACH FL 33162	81 Name: STANLEY B. SHALITA 82 Street Address (P.O. Box Number is Not Acceptable): 907 W. HALLANDALE BEACH BOULEVARD 83 84 City: HALLANDALE FL 85 Zip Code: 33009

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: Stanley B. Shalita STANLEY B. SHALITA 5/22/95 ~~4/24/95~~
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SHALITA, STANLEY B	12 NAME	SHALITA, STANLEY B
STREET ADDRESS	342 NE 167TH STREET	13 STREET ADDRESS	907 W. HALLANDALE BEACH BOULEVARD
CITY-ST-ZIP	N MIAMI BEACH FL 33162	14 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Stanley B. Shalita STANLEY B. SHALITA 5/22/95 305-458-0812 ~~4/24/95 305-949-1943~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174024 CP