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 -1 AM 10:38

DOCUMENT # **P93000064214 (8)**

1. Corporation Name
LLERRAD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4702 AVENUE Q FT PIERCE FL 34947	4702 AVENUE Q FT PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4702 Ave Q	26 P.O. Box 4535
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft Pierce, Fl	City & State 28 Ft. Pierce, Fl
Zip 24 34947 Country 25 US	Zip 29 34948 Country 30 US

4. FEI Number: 59-3209533 ☐ 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

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST
SUITE 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: LEONARDO D. STARKE
82 Street Address (P.O. Box Number is Not Acceptable): 3340 McDonald St.
83
84 City: MIAMI FL 85 Zip Code: 33133

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 607.0504, Florida Statutes.

SIGNATURE: Leonardo D. Starke DATE: 4/5/95
Signature, typed or printed name of individual signing (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	(V) Vice-President of Operations	☐ Change ☑ Addition
NAME	MCNEIL, RYAN D	12 NAME	Ms. Rose M. Haywood	
STREET ADDRESS	4702 AVENUE Q	13 STREET ADDRESS	P.O. Box 3862 N/A	
CITY-ST-ZIP	FT PIERCE FL 34947	14 CITY-ST-ZIP	Ft. Pierce, Fl 34948	
TITLE		21 TITLE	(V) Asst. Vice-President of Operations	☐ Change ☑ Addition
NAME		22 NAME	Ms. Patsy Collins	
STREET ADDRESS		23 STREET ADDRESS	2503 Essex Dr	
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft. Pierce, Fl 34946	
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	REMITTED BY MAY 1	
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)(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: Ryan D. McNeil 4/5/95 407-461-6578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382420 CP