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

APPROVED AND FILED

'95 MAR -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068080 (9)

1. Corporation Name
ACTION & SOLUTIONS, INC.

Principal Place of Business
11805 SW 107 AVE.
MIAMI FL 33176
US

Mailing Address
11805 SW 107 AVE.
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0458430 — 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
HINCAPIE, MARY
12954 S.W. 88TH LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: MARY RENGIFO (MARRIAGE)
82 Street Address (P.O. Box Number is Not Acceptable): 11805 SW 107 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Rengifo — 1/29/95
(NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	RENGIFO, LUIS E	1.2 NAME	PD RENGIFO LUIS E
STREET ADDRESS	11190 S.W. 107TH ST. #302	1.3 STREET ADDRESS	11805 SW 107 AVE
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Miami Fl. 33176.
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	HINCAPIE, MARY	2.2 NAME	TD MARY RENGIFO.
STREET ADDRESS	12954 S.W. 88TH LANE	2.3 STREET ADDRESS	11805 SW 107 AVE.
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI FLA 33176
TITLE	~~VD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~NARVAEZ, OSCAR P~~ Out.	3.2 NAME	Delete.
STREET ADDRESS	~~7835 WEST 29TH LANE, APT. 201~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~HIALEAH FL 33016~~	3.4 CITY-ST-ZIP	
TITLE	~~SD~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~NARVAEZ, SANDRA V~~ Out.	4.2 NAME	Delete.
STREET ADDRESS	~~7835 WEST 29TH LANE, APT. 201~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~HIALEAH FL 33016~~	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 hereby certify that the information indicated on this 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 Section 12 or Section 13 of this report, or is added herein.

SIGNATURE: Mary Rengifo — 1/29/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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2534689.

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