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 -3 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070792 (5)

1. Corporation Name
INVERSA INC.

Principal Place of Business	Mailing Address
5432 NE 5TH AVE FT LAUDERDALE FL 33334	5432 NE 5TH AVE FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1993
3a. Date of Last Report: 09/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0440969 ☐ 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

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD
PALM BEACH GARDENS FL 33418

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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	PELAEZ, MARGARITA M	12 NAME	
13 STREET ADDRESS	% 5432 NE 5TH AVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	FT LAUDERDALE FL 33334	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	SALAZAR, RAUL R	22 NAME	
23 STREET ADDRESS	% 5432 NE 5TH AVE	23 STREET ADDRESS	
24 CITY-ST-ZIP	FT LAUDERDALE FL 33334	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	PELAEZ, JOHN	32 NAME	
33 STREET ADDRESS	% 5432 NE 5TH AVE	33 STREET ADDRESS	
34 CITY-ST-ZIP	FT LAUDERDALE FL 33334	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. A true and correct copy of 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 a director or officer 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 11 if changed, or on an attachment with an address.

SIGNATURE: Margarita Pelaez (305)441-0516
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR — Date — Daytime Phone #

0237870 CP