FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 7-11-95 B-77958-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078590 (5)

1. Corporation Name
INTERDOORS CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~11251 INTERCHANGE CIRCLE SOUTH~~ ~~MIRAMAR FL 33025~~	~~2460 SW 137 AVE~~ ~~STE 230~~ ~~MIAMI FL 33175~~ ~~US~~

3. Date Incorporated or Qualified: 11/15/1993	3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0450744	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1455 NE 129 St	26 1455 NE 129 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: North Miami FL	28 City & State: North Miami FL
24 Zip: 33161 25 Country: USA	29 Zip: 33161 30 Country: USA

9. Name and Address of Current Registered Agent

STILLONE, GASPARE
~~11251 INTERCHANGE CIRCLE SOUTH~~
~~MIRAMAR FL 33025~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 136 CAMDEN DR
83
84 City: BAL HARBOUR 85 FL Zip Code: 33154

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gaspare Stillone Pres. 03-14-95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	STILLONE, GASPARE	1.2 NAME	
STREET ADDRESS	136 CAMDEN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	PROVERO, ANTONIO	2.2 NAME	
STREET ADDRESS	1535 N.E. 129TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	33161
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Gaspare Stillone Pres. 03/14/95 305-891-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190012 CP