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

AND FILED
95 MAY -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079028 (5)

1. Corporation Name

LIVINGSTON INTERNATIONAL, INC.

700001476597
-05/05/95--01003--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR. SUITE 210 MIAMI FL 33131	501 BRICKELL KEY DR. SUITE 210 MIAMI FL 33131

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0479202 — 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
21 601 BRICKELL KEY DR.	26 601 BRICKELL KEY DR.
Suite, Apt. #, etc. 22 ST 805	Suite, Apt. #, etc. 27 805
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131 — Country 25 U.S.A.	Zip 29 33131 — Country 30 U.S.A.

9. Name and Address of Current Registered Agent

ROBERT N. ALLEN, JR., P.A.
501 BRICKELL KEY DR.
SUITE 210
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ALLEN & GALEGO
82 Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DR. ST 805
83
84 City: MIAMI FL 85 Zip Code 33131

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 [signature] ROBERT N. ALLEN, JR. - PRESIDENT 4-28-95
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	D/P/S ☒ Change ☐ Addition
NAME	OCHAITA, HUMBERTO	1.2 NAME	HUMBERTO OCHAITA
STREET ADDRESS	501 BRICKELL KEY DR SUITE 210	1.3 STREET ADDRESS	601 BRICKELL KEY DR. ST 805
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	ALLEN, JR. R	2.2 NAME	ROBERT N. ALLEN, JR.
STREET ADDRESS	501 BRICKELL KEY DR. SUITE 210	2.3 STREET ADDRESS	601 BRICKELL KEY DR. ST 805
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
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	

PM5 11

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(1)(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: [signature] ROBERT N. ALLEN, JR. SECRETARY — 4-28-95 (305) 372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0130008 CP