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 APR 28 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLOR'' A

DOCUMENT # P93000081871

1. Corporation Name: PLAZA ARMONIA INC.

Principal Place of Business:
4995 NW 72nd Avenue
Suite 201
Miami, FL 33166

Mailing Address: same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/10/92
3a. Date of Last Report: 12/94

2. Principal Place of Business
2a. Mailing Address
Suite, Apt #, etc
City & State
Zip / Country

4. FEI Number: 650457347 — 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

Yolanda Jaramillo
4995 N.W. 72 Ave. suite 201
Miami, Fl. 33166

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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: Yolanda Jaramillo (signature) — 3/31/95

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE: P/S/
NAME: MARY LOGAN GIRALDO
STREET ADDRESS: 4995 N.W. 72 Ave. suite 201
CITY-ST-ZIP: Miami, Fl. 33166

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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-05/03/95--01016--001
****200.00 ****200.00

4/28/95 NB

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 the 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) Mary Logan Giraldo 3/31/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #