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 27 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083481 (0)

1. Corporation Name
PRESTIGE COLLISIONS, INC.

Principal Place of Business	Mailing Address
~~14700 NW 22ND AVE.~~ ~~MIAMI FL 33054~~ US	~~14700 NW 22ND AVE.~~ ~~MIAMI FL 33054~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 9800 N.W 27th AVE
Suite, Apt. #, etc. 22
City & State 23 MIAMI FL
Zip 24 33147 Country 25 U.S.A

2a. Mailing Address
26 9800 N.W 27th AVE
Suite, Apt. #, etc. 27
City & State 28 MIAMI FL
Zip 29 33147 Country 30 U.S.A

4. FEI Number: 65-0449630 ☐ 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

~~GALARNEAU, RICHARD~~
~~14700 NW 22ND AVE.~~
~~MIAMI FL 33054~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83 9800 N.W 27th AVE
84 City: MIAMI 85 State: FL Zip Code: 33147

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	GALARNEAU, RICHARD	12 NAME		
STREET ADDRESS	~~14700 NW 22ND AVE.~~	13 STREET ADDRESS	9800 N.W 27th AVE	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	MIAMI FL. 33147	
TITLE	D	21 TITLE	V.P	☒ Change ☐ Addition
NAME	COMEAU, CLAUDE	22 NAME		
STREET ADDRESS	~~14700 NW 22ND AVE.~~	23 STREET ADDRESS	9800 N.W 27th AVE	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	MIAMI FL. 33147	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ 03/31/95 (305)696-8002
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01010173 CR