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 30 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083751 (6)

1. Corporation Name
GMD, INC.

Principal Place of Business
6303 BLUE LAGOON DR.
SUITE 380
MIAMI FL

Mailing Address
6303 BLUE LAGOON DR.
SUITE 380
MIAMI FL

900001445773
-04/03/95--01029--016
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1993
3a. Date of Last Report: 05/01/1994

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 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0452327 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 1 TITLE	☐ Change ☐ Addition
NAME	WEISEN, ART	1 2 NAME	
STREET ADDRESS	6303 BLUE LAGOON DRIVE, STE 380	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
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)(k), 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: Art Weisen ART WEISEN 3/13/95 305-261-8900

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

0123778 CP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P93000085758 (9)

1. Corporation Name

LOUBOY, INC.

Principal Place of Business	Mailing Address
13801 HWY 441 S.E. OKEECHOBEE, FL 34973	P.O. BOX 1856 OKEECHOBEE, FL. 34973-1856

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-10-1995
3a. Date of Last Report: 4/30/94

2. Principal Place of Business	2a. Mailing Address
21 13801 HWY 441 SE	26
Suite, Apt. #, etc. 22 LOT # 2	Suite, Apt. #, etc. 27 P.O. BOX 1856
City & State 23 OKEECHOBEE, FL	City & State 28 OKEECHOBEE, FL.
Zip / Country 24 34974 / 25 OKEECHOBEE	Zip / Country 29 34974 / 30 OKEECHOBEE

4. FEI Number: 65-0393999 ☐ 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	10. Name and Address of New Registered Agent
BOY, EDWIN W. 13801 HWY 441 SE OKEECHOBEE FL. 34974	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
(Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P/D	11 TITLE	☐ Change ☐ Addition
NAME	BOY, EDWIN W.	12 NAME	
STREET ADDRESS	13801 HWY 441 S.E	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974	14 CITY-ST-ZIP	
TITLE	S/D	21 TITLE	☐ Change ☐ Addition
NAME	BOY LOIS E	22 NAME	
STREET ADDRESS	13801 HWY GE 441	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974	24 CITY-ST-ZIP	100001944561 -03/31795--01019--011
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	* OUELLET LEDA	32 NAME	****208.75 ****208.75
STREET ADDRESS	1318 HWY 441 SE	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	GAGNON LUCIEN	42 NAME	
STREET ADDRESS	13801 HWY 441 SE	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL. 34974	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: E Edwin W. Boy EDWIN W. BOY 3/18/95 813/763/0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

KW 3-30-95