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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # P94000001863 (7)

1. Corporation Name
SANTORINI, INC.

Principal Place of Business	Mailing Address
9008 GREAT HERON CIRCLE ORLANDO FL 32836	9008 GREAT HERON CIRCLE ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21 672 N.SEMORAN BLVD.
22 Suite, Apt. #, etc.:
23 City & State: ORLANDO, FLORIDA
24 Zip: 32807
25 Country: ORANGE

2a. Mailing Address
26 104 S. CRANDON BLVD.
27 Suite, Apt. #, etc.: 300
28 City & State: KEY BISCAYNE, FLORIDA
29 Zip: 33149
30 Country: DADE

4. FEI Number: 59-3217446 ☐ 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

A.G.C. CO.
200 SOUTH ORANGE AVE.
2300 SUN BANK CENTER
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: RESEARCH MANAGEMENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 104 SOUTH CRANDON BOULEVARD
83: SUITE 300
84 City: KEY BISCAYNE FL 85 Zip Code: 33149

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: Joy McKenna, President Research Management Corp. 2/1/95
Typed, printed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P ☐ Change ☒ Addition POSITION
NAME	AURIEMO, JOSE-ROBERTO	1.2 NAME	AURIEMO, JOSE' ROBERTO
STREET ADDRESS	9008 GREAT HERON CIRCLE	1.3 STREET ADDRESS	9008 GREAT HERON CIRCLE
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE		2.1 TITLE	D/VP ☐ Change ☒ Addition
NAME		2.2 NAME	AURIEMO, CAIO
STREET ADDRESS		2.3 STREET ADDRESS	9008 GREAT HERON CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO, FL 32836
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: Caio Auriemo 2.1.95 (407) 876-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAIO AURIEMO DIRECTOR/VICE-PRESIDENT

000203 CP