SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:20

DOCUMENT # **P94000003906 (2)**

1. Corporation Name
FLOATLINE, INC.

Principal Place of Business	Mailing Address
645 IVES DAIRY RD #216 N MIAMI BEACH FL 33179	645 IVES DAIRY RD #216 N MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994	3a. Date of Last Report:
2. Principal Place of Business 21: 2270 N.W. 87 Terrace	2a. Mailing Address 26: P.O. Box 840509
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27: Pembroke Pines
City & State 23: Pembroke Pines	City & State 28: Fla.
Zip 24: Fl. 33024 / Country 25: Broward	Zip 29: 33084 / Country 30: Broward
4. FEI Number: 65-0471792	☐ 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

MORENO, MARCELA G
645 IVES DAIRY RD
#216
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Jose Moreno
82 Street Address (P.O. Box Number is Not Acceptable): 2270 N.W. 87 Terrace
83:
84 City: Pembroke Pines FL 85 Zip Code: 33024

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: X [signature] Jose M. Moreno 06/23/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mail-in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE UNDER THIS NUMBER	
TITLE	PD	11 TITLE	PD. ☒ Change ☐ Addition
NAME	MORENO, JOSE M	12 NAME	MORENO, JOSE M.
STREET ADDRESS	645 IVES DAIRY RD #215	13 STREET ADDRESS	2270 N.W 87 TERRACE
CITY ST ZIP	N MIAMI BEACH FL 33179	14 CITY ST ZIP	Pembroke Pines - Fla. 33024
TITLE	SD	21 TITLE	SD. ☒ Change ☐ Addition
NAME	GUIDINO, ROMULO L R	22 NAME	Guidino, Romulo L.R.
STREET ADDRESS	645 IVES DAIRY RD #215	23 STREET ADDRESS	2270 N.W. 87 Terrace
CITY ST ZIP	N MIAMI BEACH FL 33179	24 CITY ST ZIP	Pembroke Pines, Fla. 33024
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	

CR2E034 (3/95)

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: X [signature] Jose M. Moreno 06/23/95 (305) 967.8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000239 CP