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 MAY -1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004459 (1)**

1. Corporation Name
BUILDING UP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
440 ESPANOLA WAY MIAMI BEACH FL 33139	440 ESPANOLA WAY MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 407 Lincoln Rd	26 407 Lincoln Rd
Suite, Apt. #, etc. 22 Suite 5B	Suite, Apt. #, etc. 27 Suite 5B
City & State 23 Miami Beach, Fl	City & State 28 Miami Beach, Fl
Zip 24 33139 Country 25 Dade	Zip 29 33139 Country 30 Dade

4. FEI Number: 65-0460740 ☐ 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
BRITO, LUIS G 440 ESPANOLA WAY MIAMI BEACH FL 33139	81 Name: Brito, Luis G 82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd. Suite 5B 83 84 City: Miami Beach FL 85 Zip Code: 33139

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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	URTUBIA, AURELIO	12 NAME	Urtubia, Aurelio	
STREET ADDRESS	% 440 ESPANOLA WAY	13 STREET ADDRESS	% 407 Lincoln Rd. Suite 5B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	Miami Baech, Fl	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	URTUBIA, AURELIO	22 NAME	Urtubia, Aurelio	
STREET ADDRESS	% 440 ESPANOLA WAY	23 STREET ADDRESS	% 407 Lincoln Rd. Suite 5B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	Miami Beach, Fl 33139	
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: _____ 4/26/95 (305) 534-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146678 CP