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 JUN 28 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050563

1. Corporation Name: Isida, Inc.

Principal Place of Business: El Bimbo S/M, 1545 SW 27 Ave, Miami, Fl 33145

Mailing Address:

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 6-12-1994
3a. Date of Last Report: 1-12-94

2. Principal Place of Business — 21: El Bimbo S/M; 22 Suite, Apt. #, etc.; 23 City & State: Miami, FL; 24 Zip: 33145; 25 Country: USA

2a. Mailing Address — 26: 1545 SW 27 Ave; 27 Suite, Apt. #, etc.; 28 City & State: Miami FL; 29 Zip: 33145; 30 Country: USA

4. FEI Number: 65-0470454 ☐ 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: Jose R. Cruz

10. Name and Address of New Registered Agent
81 Name: Jose R. Cruz
82 Street Address (P.O. Box Number is Not Acceptable): 1545 SW 27 Ave
83
84 City: Miami FL 85 Zip Code: 33145

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: [signature] President [signature] 6-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jose R. Cruz - President 11034 SW 137 Ct Miami, Fl 33186	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Angel Rodriguez 11047 SW 93 St Miami, Fl 33174	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	700001950754 ☐ Change ☐ Addition -06/29/95--01087--005 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Hilio Gonzalez 1020 SW 30 Ave Miami, Fl 33135	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TLS 6/28/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6-15-95 (305) 856-4167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #