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 14 PM 12:16

DOCUMENT # P94000005627 (2)

1. Corporation Name
THEODORA INTERNATIONAL, INC.

Principal Place of Business
112 HAMPTON CIRCLE
JUPITER FL 33477

Mailing Address
112 HAMPTON CIRCLE
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 150 Worth Ave
Suite, Apt. #, etc.
22 125
City & State
23 Palm Beach, FL
Zip 24 33480
Country 25 PB

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 65-0462337 — 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
AUSTIN, KEITH C
501 S. FLAGLER DR.
SUITE 306
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: Cynthia Lehman
82 Street Address (P.O. Box Number is Not Acceptable): 150 Worth Ave
83: #125
84 City: Palm Beach FL 85 Zip Code: 33480

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: Cynthia C. Lehman — Cynthia C. Lehman President — 1/31/95
(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEHMAN, CYNTHIA
STREET ADDRESS	112 HAMPTON CIRCLE
CITY-ST-ZIP	JUPITER FL 33477
TITLE	DST
NAME	HASSON, JACK
STREET ADDRESS	11618 U.S. HWY. 1
CITY-ST-ZIP	NORTH PALM BEACH FL 33408

Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
1.2 NAME	LEHMAN, CYNTHIA
1.3 STREET ADDRESS	150 WORTH AVE #125
1.4 CITY-ST-ZIP	PALM BEACH, FL. 33480
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 is in addition with an address.

SIGNATURE: Cynthia C. Lehman — 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0200347 CP