**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 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009259 (0)

1. Corporation Name
IF CO.

000001482980
-05/10/95--01094--001
****208.75 ~~****208.75~~ 208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business
57 HARBOR DR
KEY BISCAYNE FL 33149

Mailing Address
57 HARBOR DR
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] $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 § 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
~~WOOD, THOMAS R~~ Luis Castillo
57 HARBOR DR
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name: Luis Castillo
82 Street Address (P.O. Box Number is Not Acceptable): 57 Harbor Drive
83
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: President — 4-31-95
(Signature of Registered Agent and Title if applicable) (NOTE: Registered Agent Signature required after filing date) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | [ ] Change [ ] Addition |
| NAME | ~~WOOD, THOMAS R~~ | 12 NAME | |
| STREET ADDRESS | ~~57 HARBOR DR~~ | 13 STREET ADDRESS | |
| CITY, ST, ZIP | ~~KEY BISCAYNE FL 33149~~ | 14 CITY, ST, ZIP | |
| TITLE | President (P) | 21 TITLE | [ ] Change [ ] Addition |
| NAME | Luis Castillo | 22 NAME | |
| STREET ADDRESS | 57 Harbor Drive | 23 STREET ADDRESS | |
| CITY, ST, ZIP | Key Biscayne FL. 33149 | 24 CITY, ST, ZIP | |
| TITLE | D | 31 TITLE | [ ] Change [ ] Addition |
| NAME | Luis Castillo | 32 NAME | |
| STREET ADDRESS | 57 Harbor Drive | 33 STREET ADDRESS | |
| CITY, ST, ZIP | Key Biscayne FL 33149 | 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 | 5-1-95 t.g. |
| TITLE | | 61 TITLE | [X] 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)(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:** 4-31-95 305 286 1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101004 CP