FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000009259 (0)

1. Corporation Name

IF CO.

Principal Place of Business: 57 HARBOR DR, KEY BISCAYNE FL 33149
Mailing Address: 57 HARBOR DR, KEY BISCAYNE FL 33149

2. Principal Place of Business
21 609 WASHINGTON Ave
Suite, Apt #, etc
22
City & State
23 Miami Beach Fl.
Zip 24 33139 | County 25 Dade

2a. Mailing Address
26 609 WASHINGTON Ave.
Suite, Apt #, etc
27
City & State
28 Miami Beach Fl.
Zip 29 33139 | County 30 Dade

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: ~~APPLIED FOR~~ 65-0515575 — 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**

CASTILLE, LUIS
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): 609 WASHINGTON Ave.
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 [signature] [signature] DATE 3/13/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	LUIS, CASTILLO	
STREET ADDRESS	~~57 HARBOR DR~~	
CITY-ST-ZIP	~~KEY BISCAYNE FL 33149~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	Luis, Castillo	
1.3 STREET ADDRESS	609 WASHINGTON Ave	
1.4 CITY-ST-ZIP	Miami Beach Fl. 33139	
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		

CR2E034 (12/95)

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)(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] Luis Castillo 3/13/94 305-673-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #