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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **P94000011151 (5)**

1. Corporation Name

FLORIDA CLIFFHANGER SERVICES, INC.

Principal Place of Business

8163 N.W. 60TH ST.
MIAMI FL 33166

Mailing Address

8163 N.W. 60TH ST.
MIAMI FL 33166

3. Date Incorporated or Qualified: **02/10/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 5561 NW 74 Ave
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33166 25 Country

2a. Mailing Address
26 5561 NW 74 Ave
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33166 30 Country

4. FEI Number: **65-0462673** ☐ 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

CALDERIN, ROBERTO
8163 N.W. 60TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5561 NW 74 Ave
83
84 City: MIAMI **FL** 85 Zip Code: 33166

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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE: DO	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME: CALDERING, MIRIAM		1.2 NAME	CALDERIN, MIRIAM
STREET ADDRESS: 8163 N.W. 60TH ST		1.3 STREET ADDRESS	5561 NW 74 Ave.
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33166
2 TITLE: P	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME: CALDERIN, ROBERTO		2.2 NAME	
STREET ADDRESS: 8163 N.W. 60TH ST		2.3 STREET ADDRESS	5561 NW 74 Ave.
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33166
3 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true, 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 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] 1-31-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #