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 APR 11 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000012374

1. Corporation Name
LOVELY DAY P.H.P, INC.

Principal Place of Business	Mailing Address
102 PONCE DE LEON BLD.	102 PONCE DE LEON BLD
CORAL GABLES, FL 33135	CORAL GABLES, FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-15-94
3a. Date of Last Report: 2-15-94

2. Principal Place of Business
21 102 PONCE DE LEON BLD
22 Suite, Apt. #, etc.
23 City & State: CORAL GABLES
24 Zip: 33135
25 Country: DADE

2a. Mailing Address
26 102 PONCE DE LEON BLD.
27 Suite, Apt. #, etc.
28 City & State: CORAL GABLES, FL
29 Zip: 33135
30 Country: DADE

4. FEI Number: 65-0485287 ☐ 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

ROBERTO LAVERNIA
35 PONCE DE LEON BOULEVARD
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: ROBERTO FIGUEREDO
82 Street Address (P.O. Box Number is Not Acceptable): 102 PONCE DE LEON BLD
83
84 City: CORAL GABLES **FL** 85 Zip Code: 33135

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE
(Signature, typed or printed name of current agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ROBERTO LAVERNIA 102 PONCE DE LEON BLD. CORAL GABLES, FL 33135	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition ROBERTO FIGUEREDO 102 PONCE DE LEON BLD. CORAL GABLES, FL 33135
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		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		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition 4/11

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 on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR