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
95 JUN -7 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012814 (7)

1. Corporation Name
SEARCH MODELING & TALENT, INC.

Principal Place of Business	Mailing Address
8300 W. FLAGLER ST. SUITE 150 MIAMI FL 33144	8300 W. FLAGLER ST. SUITE 150 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21:

2a. Mailing Address
26: 4545 N.W. 7 STREET

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27: SUITE 12

City & State
23:

City & State
28: MIAMI FLORIDA

Zip: 24:
Country: 25:

Zip: 29: 33126
Country: 30: U.S.A.

4. FEI Number: XX 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. X Yes ☐ No

9. Name and Address of Current Registered Agent

CASTRO, GISELA
8300 W. FLAGLER ST.
SUITE 150
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filed online)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	Pres.,V.Pres,Sec.,Treas. X Change ☐ Addition
NAME	CASTRO, GISELA	12 NAME	CASTRO, GISELA
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 150	13 STREET ADDRESS	8300 W. Flagler St., Suite 150
CITY-ST-ZIP	MIAMI FL 33144	14 CITY-ST-ZIP	Miami, Florida 33144
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	GINART, ROSA	22 NAME	
STREET ADDRESS	8300 W. FLAGLER ST., SUITE 150	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	600001509456
STREET ADDRESS		33 STREET ADDRESS	-06/09/95--01022--015
CITY-ST-ZIP		34 CITY-ST-ZIP	****225.00 ****225.00
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	
TITLE		61 TITLE	☐ 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 truthful 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 the 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: x _____ x May 25, 1995 (305)220-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0155744 CP