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 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000013733 (8)

1. Corporation Name: C. M. B. Services Corporation

Principal Place of Business: 407 NW 18th St. Homestead, Fl. 33030

Mailing Address:

2. Principal Place of Business (21):	2a. Mailing Address (26): P.O. Box 90-1650	3. Date Incorporated or Qualified: 02/18/1994 — 3a. Date of Last Report:
Suite, Apt. #, etc (22):	Suite, Apt. #, etc (27):	4. FEI Number: 65-0476035 — Applied For / Not Applicable
City & State (23):	City & State (28): Homestead, Fl	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24): Country (25):	Zip (29): 33090 Country (30): USA	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

Bosserman, Clark W II
407 NW 18th St.
Homestead, Fl 33030

10. Name and Address of New Registered Agent

81 Name: PASTRAN PA
82 Street Address (P.O. Box Number is Not Acceptable): 333 North East Campbell Dr.
83
84 City: HOMESTEAD FL 85 Zip Code: 33030

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] 3/14/95

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD ☑ Change ☐ Addition
NAME	Bosserman, Clark W II	1.2 NAME	Confidential Pursuant to Sec. 119.07(3)(k)
STREET ADDRESS	407 NW 18th St.	1.3 STREET ADDRESS	P.O. Box 90-1650
CITY-ST-ZIP	Homestead, Fl 33030	1.4 CITY-ST-ZIP	Homestead, Fl 33090
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	SP 4/17/95 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] Bosserman, II — 3/13/95 — (305) 248-5667

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

CLARK W BOSSERMAN, II