SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000014146 (2)

1. Corporation Name

T.P.R. INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2445 SW 18TH TERRACE STE 106 FT LAUDERDALE FL 33315 US	2445 SW 18TH TERRACE STE 106 FT LAUDERDALE FL 33315 US

2. Principal Place of Business	2a. Mailing Address
21 2550 SW 18th Ter	26 2550 SW 18th Ter
Suite, Apt #, etc 22 2119	Suite, Apt #, etc 27 2119
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale FL
Zip 24 33315 Country 25 USA	Zip 29 33315 Country 30 USA

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 06/12/1995
4. FEI Number: 65-0469001 — 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

RAY, PATRICIA A
2445 SW 18TH TERRACE
STE 106
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: Patricia A. Ray
82 Street Address (P.O. Box Number is Not Acceptable): 2550 S.W. 18th Terrace
83 #2119
84 City: Ft. Lauderdale FL 85 Zip Code: 33315

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: Patricia A. Ray — 7/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAY, PATRICIA A	
STREET ADDRESS	2445 SW 18TH TERRACE STE 106	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	☐ DELETE
NAME	RAY, THOMAS	
STREET ADDRESS	2445 SW 18TH TERRACE STE 106	
CITY-ST-ZIP	FT LAUDERDALE FL	
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	P	☒ Change ☐ Addition
1.2 NAME	Patricia A. Ray	
1.3 STREET ADDRESS	2550 S.W. 18th Ter #2119	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33315	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Thomas J. Ray	
2.3 STREET ADDRESS	2550 SW 18th Ter #2119	
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33315	
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 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Ray — 7/29/96 — 305-593-8172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #