CORPORATION ANNUAL REPORT

1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 12 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017969

1. Corporation Name

MBR SERVICES, INC.

Principal Place of Business	Mailing Address
8401 N.W. 53 Terr. Suite #208 Miami, FL 33166	Attn: Dennis P. Coyle 700 Universe Blvd. Juno Beach, FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0472177 ☐ 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

Leon, J. E.
9250 W. Flagler Street
Miami, FL 33174

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 signer other) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, WILLIAM W.	12 NAME	000001455170
STREET ADDRESS	9250 W. FLAGLER STREET	13 STREET ADDRESS	-04/13/95--01006--025
CITY ST ZIP	MIAMI, FL 33174	14 CITY ST ZIP	****200.00 ****200.00
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	SAMIL, DILEK L.	22 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	JUNO BEACH, FL 33408	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COYLE, DENNIS P.	32 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	33 STREET ADDRESS	
CITY ST ZIP	JUNO BEACH, FL 33408	34 CITY ST ZIP	
TITLE	AC	41 TITLE	☐ Change ☐ Addition
NAME	STAMM, SOLOMON L.	42 NAME	
STREET ADDRESS	9250 WEST FLAGLER STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33174	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	

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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 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: Dennis P. Coyle March 17, 1995 (407) 694-4644

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