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 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018285 (4)**

1. Corporate Name
BUG STOP, INC.

Principal Place of Business
239 N.E. 110TH STREET
MIAMI FL 33161

Mailing Address
239 N.E. 110TH STREET
MIAMI FL 33161

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/09/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 County — 25 Zip — 29 County — 30

4. FEI Number: 65-0482665 — 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 elected to integrate tax under S. 1372(a) Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent
HERNANDEZ, HERNANDO
239 N.E. 110TH ST.
MIAMI FL 33161

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 Section 607.0501 and 607.1604 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 this corporation's Board of Directors. Hereby, accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505 Florida Statutes.

SIGNATURE
Signature of New Registered Agent, if Applicable — Signature of Registered Agent for the Corporation — Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, HERNANDO
STREET ADDRESS	239 N.E. 110TH ST.
CITY, ST, ZIP	MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is validly 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 of changed, or an attachment with an address.

SIGNATURE: Hernando Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

4-29-95 — Date

(305) 266-1058 — Daytime Phone #

0173952 CP