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 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019629 (2)

1. Corporation Name
NATIONAL BUSINESS ALLIANCE INC.

Principal Place of Business
~~19380 COLLINS AVE.~~
~~SUITE 1021~~
~~N. MIAMI BEACH FL 33160~~

Mailing Address
~~19380 COLLINS AVE.~~
~~SUITE 1021~~
~~N. MIAMI BEACH FL 33160~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21 19101 Mystic Pointe Dr
22 Suite, Apt. #, etc. Unit #707
23 City & State Aventura, FL
24 Zip 33180 25 Country USA

2a. Mailing Address
26 19101 Mystic Pointe Dr
27 Suite, Apt. #, etc. Unit #707
28 City & State Aventura, FL
29 Zip 33180 30 Country USA

4. FEI Number 65-0473554 ☐ 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

~~CORPORATE CREATIONS ENERPRISES INC.~~
~~4521 PGA BLVD., SUITE 211~~
~~PALM BEACH GARDENS FL 33418~~

10. Name and Address of New Registered Agent

81 Name: Gerald Cohn
82 Street Address (P.O. Box Number is Not Acceptable): 19101 Mystic Pointe Dr
83 Unit #707
84 City: Aventura, FL 85 Zip Code: 33180

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: Gerald Cohn 4/27/95
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	D	11 TITLE	PTD ☒ Change ☐ Addition
NAME	FELDMAN, STUART B	12 NAME	
STREET ADDRESS	19380 COLLINS AVE.	13 STREET ADDRESS	451 SW 113th Ave.
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	14 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE		21 TITLE	VSD ☐ Change ☒ Addition
NAME		22 NAME	Cohn, Gerald
STREET ADDRESS		23 STREET ADDRESS	19101 Mystic Pointe Dr #707
CITY-ST-ZIP		24 CITY-ST-ZIP	Aventura, FL 33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 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: Gerald Cohn, VP (Gerald Cohn, VP) 4/27/95 (305) 937-2147
SIGNATURE AND TYPED OR PRINTED NAME OF DANING OFFICER OR DIRECTOR Title Daytime Phone #

0172176 CR