FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:31

DOCUMENT # **P94000020223 (1)**

1. **THE FORTNEY CORPORATION**

9121 N. MILITARY TRAIL. #204
PALM BEACH GARDENS FL 33410

9121 N. MILITARY TRAIL. #204
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994

3a. Date of Last Report:

4. FEI Number: 65-0472612 ☐ 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 is organized for the purpose of transacting business under Chapter 617, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORTNEY, ROBERT B
9121 N. MILITARY TRAIL, #204
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: SAME

82 Street Address (P.O. Box Number is Not Acceptable): 13214 Hamlin Blvd.

83

84 City: W. Palm Beach FL 85 Zip Code: 33412

11. Pursuant to the provisions of Section 607.0502, 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. The corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TI	P
NAME	FORTNEY, ROBERT B
	9121 N. MILITARY TRAIL, #204
	PALM BEACH GARDENS FL 33410
TI	TS
NAME	FORTNEY, GERALYN A
	9121 N. MILITARY TRAIL, #204
	PALM BEACH GARDENS FL 33410

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

RETURNED BY MAY 1

14. For profit only: I/We, the undersigned, hereby certify that the information indicated on this report is true and accurate and that my/our electronic 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 with an asterisk (*).

SIGNATURE: J. Robert B. Fortney

SIGNATURE AND TYPE OR PRINT NAME OF REPORTING OFFICER OR AUTHORIZED AGENT

407-775-7610

0250605 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

1995 [illegible] 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020354 (4)**

1. Corporation Name

STORTA, GONZAGA ET SUISSE GROUP LTD., INC.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR. SUITE E MIAMI FL 33131	601 BRICKELL KEY DR. SUITE E MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1994**
3a. Date of Last Report: n/a

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: 65-0479013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

HABER, ROBERT M
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (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 [illegible] (91) Registered Agent signature required after reinstatement

FIRST REPORT

12. OFFICERS AND DIRECTORS		13.	
TITLE		11 TITLE	P/D ☐ Change ☐ Addition
NAME		12 NAME	Jose Luis Llanes
STREET ADDRESS		13 STREET ADDRESS	601 Brickell Key Drive, Suite E
CITY ST ZIP		14 CITY ST ZIP	Miami, FL 33131
TITLE		21 TITLE	V/S ☐ Change ☐ Addition
NAME		22 NAME	Maria Teresa Parra
STREET ADDRESS		23 STREET ADDRESS	601 Brickell Key Drive, Suite E
CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33131
TITLE		31 TITLE	V/AS ☐ Change ☐ Addition
NAME		32 NAME	Robert M. Haber
STREET ADDRESS		33 STREET ADDRESS	520 Brickell Key Drive, Suite 0305
CITY ST ZIP		34 CITY ST ZIP	Miami, FL 33131
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	$ Bank SCC 6-27-95

CR2E034 (3/95)

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 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] ROBERT M. HABER, VICE PRESIDENT 6/23/95 (305) 374-3800

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

0036580 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000020479

1. Corporation Name
Multi Sales, Inc.

Principal Place of Business / Mailing Address
3545 N W 71st Street
Miami, FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-16-94
3a. Date of Last Report: N/A

2. Principal Place of Business
21 3545 NW 71st St.
Suite, Apt. #, etc. 22
City & State 23 Miami FL
Zip 24 33147 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: N/A — 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
MAX M. Hagen
3990 Sheridan St.
Suite 104
Hollywood, FL 33021

10. Name and Address of New Registered Agent
81 Name: MAX M. HAGEN
82 Street Address (P.O. Box Number is Not Acceptable): 3990 Sheridan St.
83: Suite 104
84 City: Hollywood FL 85 Zip Code: 33021

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, type or print 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 / NAME / STREET ADDRESS / CITY ST ZIP	PSTD JOSE BOUFFARTIQUE 3990 Sheridan St., Suite 104 Hollywood FL 33021	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 300001540483 -07/18/95--01095--016 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition CH

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 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: _____ 6-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
JUL
95 JUL 21 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020566 (3)**

1. Current Name
MEDINA TILES, INC.

Principal Office Address
3033 S.W. 134TH PLACE
MIAMI FL 33175

Mailing Address
3033 S.W. 134TH PLACE
MIAMI FL 33175

FEI/EIN NUMBER IN FLORIDA

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0474991 — Applied For / Not Applicable

Suite/Apt. # — 22
Suite/Apt. # — 27
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. [ ] — $5.00 May Be Added to Fees

City — 24 — County — 25
City — 29 — County — 30
8. Does corporation qualify for exemption for state sales tax? Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MEDINA, RAFAEL J
14245 S.W. 11TH TERRACE
MIAMI FL 33184

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 607.1607, 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 607.1607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
MEDINA, RAFAEL B
3033 S.W. 134TH PLACE
MIAMI FL 33175

TD
MEDINA, ESPERANZA M
3033 S.W. 134TH PLACE
MIAMI FL 33175

SD
MEDINA, RAFAEL J
14245 S. W. 11TH PLACE
MIAMI FL 33184

13. [ ] Change [ ] Addition

000001548060
07/27/95--01080--013
****225.00 ****225.00

T.S. 7/24/95

14. I hereby certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: Rafael B. Medina — VICE-PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title

CR2E034 (3/95)

0001102 CR