

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000020442 (7)

1. Corporation Name

PEMCO, INC.

55 APR 23 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

SUITE 800
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

SUITE 800
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3b. Date of Last Report
03/09/1994	
4. FEI Number	Applied For
65-047 5549	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
☐	
7. This corporation has liability for atmospheric tax under S. 109.012 Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, CYRUS
SUITE 800
1100 LINCOLN ROAD
MIAMI BEACH FL 33139

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.01(2), and 607.14(8), Florida Statutes, the above named corporation submits the 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 Sections 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent for the Corporation

Signature of Registered Agent or Registered Agent for the Corporation

Date

12. OFFICERS AND DIRECTORS	
12a. TITLE	12b. NAME
12c. STREET ADDRESS	12d. CITY, STATE, ZIP
12e. CITY, STATE, ZIP	
12f. TITLE	12g. NAME
12h. STREET ADDRESS	12i. CITY, STATE, ZIP
12j. CITY, STATE, ZIP	
12k. TITLE	12l. NAME
12m. STREET ADDRESS	12n. CITY, STATE, ZIP
12o. CITY, STATE, ZIP	
12p. TITLE	12q. NAME
12r. STREET ADDRESS	12s. CITY, STATE, ZIP
12t. CITY, STATE, ZIP	
12u. TITLE	12v. NAME
12w. STREET ADDRESS	12x. CITY, STATE, ZIP
12y. CITY, STATE, ZIP	
12z. TITLE	12aa. NAME
12ab. STREET ADDRESS	12ac. CITY, STATE, ZIP
12ad. CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
13a. TITLE	13b. NAME
13c. STREET ADDRESS	13d. CITY, STATE, ZIP
13e. CITY, STATE, ZIP	
13f. TITLE	13g. NAME
13h. STREET ADDRESS	13i. CITY, STATE, ZIP
13j. CITY, STATE, ZIP	
13k. TITLE	13l. NAME
13m. STREET ADDRESS	13n. CITY, STATE, ZIP
13o. CITY, STATE, ZIP	
13p. TITLE	13q. NAME
13r. STREET ADDRESS	13s. CITY, STATE, ZIP
13t. CITY, STATE, ZIP	
13u. TITLE	13v. NAME
13w. STREET ADDRESS	13x. CITY, STATE, ZIP
13y. CITY, STATE, ZIP	
13z. TITLE	13aa. NAME
13ab. STREET ADDRESS	13ac. CITY, STATE, ZIP
13ad. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in law under Chapter 607, Florida Statutes. I further certify that this change is not required by a general report or supplemental annual report as required by law and as a result, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the registered agent or authorized representative for use of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X

President

4/5/95

305-538-6361

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRUS WEST

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE TAMPA 33604 DIVISION OF CORPORATIONS
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APPROVED

STATE OF FLORIDA
TAMPA, FL 33602

DOCUMENT # **P94000020794 (1)**

1. Corporation Name
MEDSPAN, INC.

Principal Place of Business 4000 HOLLYWOOD BOULEVARD SUITE 495 SOUTH HOLLYWOOD FL 33021	Mailing Address 4000 HOLLYWOOD BOULEVARD SUITE 495 SOUTH HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered 03/17/1994		3a. Date of Last Report	
4. FID Number 65-0483662		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 damages less than \$100,000, Florida Statutes ☐ Yes ☐ No			
2. Principal Place of Business	2a. Mailing Address	21. State	22. City & State
23. State	24. City & State	25. State	26. City & State
27. State	28. City & State	29. State	30. City & State

9. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0605 and 607.1504, 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 obligation of Section 607.1505, Florida Statutes.

SIGNATURE

(Print name and address of the agent and the corporation)

(Print name and address of the agent and the corporation)

(Print name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
1. NAME FAINE, JEFFRY C	1. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	1. NAME PRESIDENT	☒ Change ☐ Addition
2. NAME PLOTKIN, MICHAEL J	2. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	2. NAME VICE PRESIDENT	☒ Change ☐ Addition
3. NAME GREEN, MITCHELL F	3. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	3. NAME	☒ Change ☐ Addition
4. NAME KRAMER, ROBERT M	4. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	4. NAME	☒ Change ☐ Addition
5. NAME SOLODKIN, JEFFREY	5. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	5. NAME	☒ Change ☐ Addition
6. NAME SOLODKIN, ERICA	6. STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD FL 33021	6. NAME	☒ Change ☐ Addition

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 13.001(2), Florida Statutes. I further certify that the information submitted 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 this corporation or the receiver or liquidator assigned to oversee this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE: *Michael J. Plotkin* VICE PRESIDENT
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR
MICHAEL J. PLOTKIN

4/25/95 305-962-6559
Registered Professional

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida
Phone: 904-498-8400 FAX: 904-498-8401

APPROVED
AND
FILED

90 APR 23 PM 2:02

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021132 (3)

1. Corporation Name

UNIVERSAL ASSOCIATES ACCOUNTING, INC.

2. Principal Office Address

**12271 S.W. 186TH ST
MIAMI FL 33177**

3. Mailing Address

**12271 S.W. 186TH ST.
MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
N/A

2. Principal Name of Corporation
Same

2a. Mailing Address
Same

4. FEI Number
65-0475633

Applied For
Not Applicable

22. State App #

27. State App #

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24. State

25. County

29. State

30. County

8. This corporation has liability for information fee under Ch. 109, 1993, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, MARTA
12271 S.W. 186TH ST.
MIAMI FL 33177**

81. Name

N/A

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 605.02 and 605.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 Chapter 605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 12

12.1	PD
NAME	ORTIZ, JORGE A
STREET ADDRESS	12271 S.W. 186TH ST.
CITY, STATE, ZIP	MIAMI FL 33177
12.2	TD
NAME	ORTIZ, MARTA
STREET ADDRESS	12271 S.W. 186TH ST.
CITY, STATE, ZIP	MIAMI FL 33177
12.3	SD
NAME	GIL, WILLIAMS
STREET ADDRESS	12271 S.W. 186TH ST.
CITY, STATE, ZIP	MIAMI FL 33177
12.4	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13.1	1. NAME	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. NAME	
13.4	4. NAME	
13.5	5. NAME	
13.6	6. NAME	
13.7	7. NAME	
13.8	8. NAME	
13.9	9. NAME	
13.10	10. NAME	
13.11	11. NAME	
13.12	12. NAME	
13.13	13. NAME	
13.14	14. NAME	
13.15	15. NAME	
13.16	16. NAME	
13.17	17. NAME	
13.18	18. NAME	
13.19	19. NAME	
13.20	20. NAME	
13.21	21. NAME	
13.22	22. NAME	
13.23	23. NAME	
13.24	24. NAME	
13.25	25. NAME	
13.26	26. NAME	
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13.28	28. NAME	
13.29	29. NAME	
13.30	30. NAME	
13.31	31. NAME	
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13.39	39. NAME	
13.40	40. NAME	
13.41	41. NAME	
13.42	42. NAME	
13.43	43. NAME	
13.44	44. NAME	
13.45	45. NAME	
13.46	46. NAME	
13.47	47. NAME	
13.48	48. NAME	
13.49	49. NAME	
13.50	50. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 605.02(1)(b), Florida Statutes. I further certify that the information is not subject to the annual report or supplemental annual report in this state 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 605, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an attachment with an address.

SIGNATURE:

Marta L. Ortiz

Marta L. Ortiz /TD

4/24/95 (305) 335-0160 335-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

71200-44/30

APPROVED
AND
FILED

9 11 58 PM 11:58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021290 (9)

1. Corporation Name

BUDDHI & PALAK, INC.

Principal Office and Registered Office

**1180 AURORA RD
MELBOURNE FL 32935**

Mailing Address

**1180 AURORA RD
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/14/1994	3a. Date of Last Report
4. FID Number 59-3230709	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. Has corporation been liable for delinquency under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Group of Filings of Report	2a. Mailing Address
21. State App # 001	26. State App # 001
22. City & State	27. City & State
23. County	28. County
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent

**RUANGRATANA, KOBKIT
1180 AURORA RD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 199.01 and 199.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that the statement is registered agent. I am hereby withdrawing the compliance of Sections 199.01 and 199.02, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ADDRESS	NAME	ADDRESS
1. NAME	1. ADDRESS	2. NAME	2. ADDRESS
2. NAME	2. ADDRESS	3. NAME	3. ADDRESS
3. NAME	3. ADDRESS	4. NAME	4. ADDRESS
4. NAME	4. ADDRESS	5. NAME	5. ADDRESS
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96. NAME	96. ADDRESS	97. NAME	97. ADDRESS
97. NAME	97. ADDRESS	98. NAME	98. ADDRESS
98. NAME	98. ADDRESS	99. NAME	99. ADDRESS
99. NAME	99. ADDRESS	100. NAME	100. ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

407-2547704

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gwenyth R. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

50 MAY 23 PM 2:16

505 N. GULF BLVD.
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021902 (9)

To: Corporation Name:

LOUIS TRADING COMPANY

Principal Place of Business
**24 SIDONIA AVE., # 1
CORAL GABLES FL 33134**

Mailings Address
**24 SIDONIA AVE., # 1
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1994** 3a. Date of Last Report

4. FET Number **65-0475482** 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. Does corporation keep records of the information required by Chapter 13, Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. State: Apt. # etc. 26. State: Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, JORGE A
24 SIDONIA AVE., # 1
CORAL GABLES FL 33134**

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 600.01, 600.02, and 600.1529, Florida Statutes, I, the above named corporation, submit this statement for the purpose of designating 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 Sections 600.01, 600.02, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent

Signature of Registered Agent or Designated Agent

Signature

12. OFFICERS AND DIRECTORS (List Name, Title, and Address of Each Officer and Director)

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (List Name, Title, and Address of Each Officer and Director)

12. OFFICERS AND DIRECTORS (List Name, Title, and Address of Each Officer and Director)

NAME	PD SANCHEZ, MIRIAM A
STREET ADDRESS	AVENIDA VELASCO ASTETE # 1356, CASA 4
CITY & STATE	LIMA, PERU
NAME	STD ESPINOZA, TOMMY REY U
STREET ADDRESS	AVENIDA VELASCO ASTETE # 1356, CASA 4
CITY & STATE	LIMA, PERU
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (List Name, Title, and Address of Each Officer and Director)

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am a duly qualified officer or director of the corporation, and that my signature shall be on the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the provisions of the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the provisions of the report as required by Chapter 600, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM AMORETTI S.

04/24/95 (305) 441-2003

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 04

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022316 (1)**

1. Corporation Name

R & R VALUE PANEL SYSTEMS, INC.

2. Principal Place of Business

**3000 N FEDERAL HWY BLDG 2 S
FT LAUDERDALE FL 33306**

2a. Mailing Address

**3000 N FEDERAL HWY BLDG 2 S
FT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

3/16/95

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0481180

Applied For

Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Country

24

Country

25

Country

29

Country

30

8. This corporation has submitted for attachment the annual report required by Chapter 497, Florida Statutes

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**LUBBERS, ROBERT G
3000 N FEDERAL HWY BLDG 2 S
FT LAUDERDALE FL 33306**

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 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	LUBBERS, ROBERT G
3. STREET ADDRESS	3000 N FEDERAL HWY BLDG 2 S
4. CITY & STATE	FT LAUDERDALE FL 33306
5. TITLE	D
6. NAME	BACON, ROGER L
7. STREET ADDRESS	320 S E 11TH AVE 301
8. CITY & STATE	POMPANO BEACH FL 33060
9. TITLE	D
10. NAME	HARVEY, RICHARD D
11. STREET ADDRESS	101 SUNFISH OCEANWALK
12. CITY & STATE	JUPITER FL
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that the corporation shall have the same legal effect as if made under oath. That I am capable of acting as the registered agent of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 497, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

Richard D. Harvey

RICHARD D. HARVEY

Signature and Typed or Printed Name of Signing Officer or Director

4-24-95

305
941-6446

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000022519 (0)

1. Corporation Name

SUNSET TV & VIDEO, INC.

03/23/1994 09:04

FILED
MAR 23 1994
TREASURY

Principal Place of Business

4320 N.W. 10TH TERRACE
FORT LAUDERDALE FL 33309-4609

Mailing Address

4320 N.W. 10TH TERRACE
FORT LAUDERDALE FL 33309-4609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 3131 DAVIE BLVD.

26. Mailing Address

27 Suite Apt # etc

4. FFL Number

65-0477023

Apply 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. 198.019
Florida Statutes

☒ Yes ☐ No

22 City & State

23 FT. LAUDERDALE, FL

28 City & State

29 Zip

30 Country

24 33312

25 BROWARD

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICKELS, MICHAEL
4320 N.W. 10TH TERRACE
FORT LAUDERDALE FL 33309-4609

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 607.0405 and 607.1504, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

12a	D	12b	Change	12c	Addition
NAME	PICKELS, MICHAEL	12d		12e	
STREET ADDRESS	4320 N.W. 10TH TERRACE	12f		12g	
CITY & STATE	FORT LAUDERDALE FL 33309-4609	12h		12i	
12a		12d		12e	
NAME		12f		12g	
STREET ADDRESS		12h		12i	
CITY & STATE		12j		12k	
12a		12d		12e	
NAME		12f		12g	
STREET ADDRESS		12h		12i	
CITY & STATE		12j		12k	
12a		12d		12e	
NAME		12f		12g	
STREET ADDRESS		12h		12i	
CITY & STATE		12j		12k	
12a		12d		12e	
NAME		12f		12g	
STREET ADDRESS		12h		12i	
CITY & STATE		12j		12k	

13a	Change	13b	Addition
13c		13d	
13e		13f	
13g		13h	
13i		13j	
13k		13l	
13m		13n	
13o		13p	
13q		13r	
13s		13t	
13u		13v	
13w		13x	
13y		13z	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given and qualify for the exemption stated in Section 198.019, Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 as requested, or on an attachment with an address.

SIGNATURE:

Michael Pickels

MICHAEL PICKELS

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Agent