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 MAR 23 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020442 (7)**

1. Corporate Name

PEMCO, INC.

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: **03/09/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / County — 25

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

4. FEI Number: **65-047 5549** ☐ 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. The corporation is subject to, or eligible for, the tax imposed by Chapter 220 of the Florida Statutes: ☐ Yes (X) No

9. Name and Address of Current Registered Agent

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

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 or 617.1928, 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

12. OFFICERS AND DIRECTORS

PD
WEST, CYRUS
SUITE 800, 1111 LINCOLN ROAD
MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. To the best of my knowledge, all the information supplied with this report is accurately reflected and I am authorized to sign this report. To the best of my knowledge, this report is executed in accordance with Section 607.0120, Florida Statutes. I further certify that the corporation named herein has complied with the provisions of Chapter 607, Florida Statutes, relating to the filing of this report, and that all other information required by Chapter 607, Florida Statutes, and this report is true, correct and complete.

SIGNATURE: X _____ President 4/5/95 305-538-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRUS WEST

0147220 CP

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

DOCUMENT # P94000020794 (1)

1. Entity 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0483662 — Applied For / Not Applicable
State, Apt # or Suite — 22
State, Apt # or Suite — 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
24 25 29 30
7. This corporation was formerly known as [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 495 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
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 95	
Title	D	PRESIDENT	☒ Change ☐ Addition
Name	FAINE, JEFFRY C		
Street Address	4000 HOLLYWOOD BLVD., SUITE 495 SOUTH		
City-St-Zip	HOLLYWOOD FL 33021		
Title	D	VICE PRESIDENT	☒ Change ☐ Addition
Name	PLOTKIN, MICHAEL J		
Street Address	4000 HOLLYWOOD BLVD., SUITE 495 SOUTH		
City-St-Zip	HOLLYWOOD FL 33021		
Title	~~D~~ DELETE		☒ Change ☐ Addition
Name	~~GREEN, MITCHELL F~~		
Street Address	~~4000 HOLLYWOOD BLVD., SUITE 495 SOUTH~~		
City-St-Zip	~~HOLLYWOOD FL 33021~~		
Title	~~D~~ DELETE		☒ Change ☐ Addition
Name	~~KRAMER, ROBERT M~~		
Street Address	~~4000 HOLLYWOOD BLVD., SUITE 495 SOUTH~~		
City-St-Zip	~~HOLLYWOOD FL 33021~~		
Title	~~D~~ DELETE		☒ Change ☐ Addition
Name	~~SOLODKIN, JEFFREY~~		
Street Address	~~4000 HOLLYWOOD BLVD., SUITE 495 SOUTH~~		
City-St-Zip	~~HOLLYWOOD FL 33021~~		
Title	~~D~~ DELETE		☒ Change ☐ Addition
Name	~~SOLODKIN, ERICA~~		
Street Address	~~4000 HOLLYWOOD BLVD., SUITE 495 SOUTH~~		
City-St-Zip	~~HOLLYWOOD FL 33021~~		

14. I/We hereby certify that the information supplied with this filing is true and accurate. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our signature(s) below is/are made with full knowledge of the penalties imposed by law for the filing of false reports. I/We further certify that I am familiar with and accept the responsibilities of registered agent and agree to act in this capacity. I/We further certify that the corporation named in this report or supplemental report has paid all fees due to the Florida Department of State that are identified for filing with this report. I/We further certify that if 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 above, or on an attachment with an address.

SIGNATURE: Michael J. Plotkin — VICE PRESIDENT — 4/25/95 — 305-962-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number
MICHAEL J. PLOTKIN

0002140 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000020925 (1)

1. STATEWIDE FUMIGATION, INC.

Principal Place of Business	Mailing Address
3888 TAMPA ROAD SUITE C OLDSMAR FL 34677	3888 TAMPA ROAD SUITE C OLDSMAR FL 34677

3. Date Incorporated or Qualified: 03/17/1994

3a. Date of Last Report

4. FEI Number: 59-3230095 — 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

2a. Mailing Address: P.O. BOX 60

City & State: OLDSMAR FL

Zip: 34677 County: PINELLAS

7. This corporation is subject to assessment pursuant to Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIZELL, MARGARET S 3888 TAMPA ROAD SUITE C OLDSMAR FL 34677	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 607.1908, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
PRESIDENT MIZELL, MARGARET S. 3888 TAMPA RD, SUITE C OLDSMAR, FL 34677	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I am a director or officer of the corporation or the receiver, trustee or other court appointed fiduciary required to file this report. I am executing this report as required by Chapter 607, Florida Statutes. I understand that the signature below constitutes my resignation as registered agent of the corporation, if the registered agent section above is blank or if the registered agent has resigned in accordance with the applicable provisions of Chapter 607, Florida Statutes.

SIGNATURE: [signature] 01/21/95 VICE PRES

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Title

0069876 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000021132 (3)

UNIVERSAL ASSOCIATES ACCOUNTING, INC.

APPROVED AND FILED

FILED
95 APR 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12271 S.W. 186TH ST MIAMI FL 33177	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

21 Same

26 Same.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 25 29 30

4. FEI Number: 65-0475633 — 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 subject to be dissolved for failure to file under S. 607.1622, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.1501 and/or 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 607.1508, Florida Statutes.

SIGNATURE: (Typed or printed name of person signing) (Title) (Date)

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '92	
Title	PD	Title	☐ Change ☐ Addition
Name	ORTIZ, JORGE A	Name	
Street Address	12271 S.W. 186TH ST.	Street Address	
City-St-Zip	MIAMI FL 33177	City-St-Zip	
Title	TD	Title	☐ Change ☐ Addition
Name	ORTIZ, MARTA	Name	
Street Address	12271 S.W. 186TH ST.	Street Address	
City-St-Zip	MIAMI FL 33177	City-St-Zip	
Title	SD	Title	☐ Change ☐ Addition
Name	GIL, WILLIAMS	Name	
Street Address	12271 S.W. 186TH ST.	Street Address	
City-St-Zip	MIAMI FL 33177	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this report is true, complete 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 above, or on an attachment with all other like empowered.

SIGNATURE: Marta L Ortiz — Marta L. Ortiz /TD — 4/14/95 — (305) 233-0180 / 238-9714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0184439 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

$200.- by 4/30

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021290 (9)**

1. Current Name

BUDDHI & PALAK, INC.

Principal Place of Business

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. FEI 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. Does corporation have any foreign parents as defined in s. 1990.02, Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business

21 _____
22 _____
23 _____
24 _____ 25 _____

2a. Mailing Address

26 _____
27 _____
28 _____
29 _____ 30 _____

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

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.1622(2), Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth in the appropriate boxes in section 9 or 10, as applicable. The undersigned corporation has authorized the officers or directors listed in section 12 to execute this statement. Each such officer or director is aware that he or she may be held liable for the payment of certain fees and penalties imposed by law for the filing of false or incomplete information, and that the address listed for him or her for service of process may be used for service of notices and demands.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	D
Name	RUANGRATANA, KOBKIT
Street Address	2488 DAKOTA DR
City-St-Zip	MELBOURNE FL 32935
Title	D
Name	BUDDHIPRIDAPAN, SORUT
Street Address	1180 AURORA RD
City-St-Zip	MELBOURNE FL 32935

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip

14. I hereby certify that the information supplied with this filing is absolutely true and correct (Required), that the mandatory statutory fee (see s. 607.193, Florida Statutes) is being tendered herewith, that the information supplied in this annual report or supplemental annual report is true and accurate and that this application is executed in accordance with s. 607.0120(5), Florida Statutes. I further certify 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 above, or on an attachment with all other like empowered.

SIGNATURE: (X) _____ 4.24.95 Date 407-254-7704 Area Code & Daytime Phone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008924 CP

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 MAR 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021902 (9)

1. Corporation Name

LOUIS TRADING COMPANY

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

Mailing 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. FEI 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. This corporation is eligible for exemption under s. 607.... Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

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 617.0502, 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. 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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANCHEZ, MIRIAM A
STREET ADDRESS	AVENIDA VELASCO ASTETE # 1356, CASA 4
CITY-ST-ZIP	LIMA, PERU
TITLE	STD
NAME	ESPINOZA, TOMMY REY U
STREET ADDRESS	AVENIDA VELASCO ASTETE # 1356, CASA 4
CITY-ST-ZIP	LIMA, PERU
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 12 — ☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blocks, blank)

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, 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] 04/24/95 (305) 441-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIRIAM AMORETTI S.

0138360 CP

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 MAR 31 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022316 (1)**

1. Corporate Name

R & R VALUE PANEL SYSTEMS, INC.

Principal Place of Business
3000 N FEDERAL HWY BLDG 2 S
FT LAUDERDALE FL 33306

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: 3/18/94

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: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0481180
☐ 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 annual tax under § 220.02 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 607.0502 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 (Typed or printed name of Registered Agent and Title if applicable) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	LUBBERS, ROBERT G	NAME	
STREET ADDRESS	3000 N FEDERAL HWY BLDG 2 S	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BACON, ROGER L	NAME	
STREET ADDRESS	320 S E 11TH AVE 301	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HARVEY, RICHARD D	NAME	
STREET ADDRESS	101 SUNFISH OCEANWALK	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and that I am familiar with the requirements of Section 607.0505, Florida Statutes. I further certify that the corporation has complied with the requirements of Section 607.0502, Florida Statutes, regarding the designation of a registered agent, registered office and registered agent's acceptance of the appointment. 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 above, or on an attachment with an address.

SIGNATURE: Richard D Harvey — RICHARD D. HARVEY
MUST BE SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95
Date

305 941-6466
Daytime Phone

0212032 CP

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
APR
95 APR 24 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022519 (0)**

1. Corporate Name
SUNSET TV & VIDEO, INC.

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.**
Suite, Apt. # etc.
22
City & State
23 **FT. LAUDERDALE, FL**
Zip: 24 **33312** County: 25 **BROWARD**

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

4. FEI Number: **65-0477023** 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers 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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

61 Title
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing 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 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 1, or Block 11 if changed, 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 — Date

0216302 CP