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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:27

DOCUMENT # P94000024192 (4)

1. Corporation Name

KADERABEK & BARREIRO CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8240 SW 95TH STREET MIAMI FL 33156	8240 SW 95TH STREET MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	4950 SW 72 AVENUE	26	4950 SW 72 AVENUE
22	Suite, Apt. #, etc.: SUITE 102	27	Suite, Apt. #, etc.: SUITE 102
23	City & State: MIAMI, FLORIDA	28	City & State: MIAMI, FLORIDA
24	Zip: 33155 — 25 Country: USA	29	Zip: 33155 — 30 Country: USA

4. FEI Number: 65-0480369 — Applied For / Not Applicable

5. Certificate of Status Desired — X — $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

BARREIRO, DAVID
8240 SW 95TH STREET
MIAMI FL 33156

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PRESIDENT	☐ Change ☒ Addition
1 2 NAME	DAVID BARREIRO	
1 3 STREET ADDRESS	4950 SW 72 AVE., SUITE 102	
1 4 CITY-ST-ZIP	MIAMI, FLORIDA 33155	
2 1 TITLE	SECRETARY	☐ Change ☐ Addition
2 2 NAME	THOMAS J. KADERABEK	
2 3 STREET ADDRESS	4950 SW 72 AVE., SUITE 102	
2 4 CITY-ST-ZIP	MIAMI, FLORIDA 33155	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(a), 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] DAVID BARREIRO — 2-5-95 — 305 666-3563

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

0100001 CP