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 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025010 (7)**

1. Corporation Name

CINO AND SET C. COMPANY

Principal Place of Business	Mailing Address
701 BRICKELL AVE SUITE 1200 MIAMI FL 33131	701 BRICKELL AVE SUITE 1200 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

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)

4. FEI Number: 65-0485146 ☐ 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

ROSSZ FIU CORPORATION
701 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D,T	☒ Change ☐ Addition
NAME	CLEETON, ANDREW C	12 NAME		
STREET ADDRESS	1 WESLEY ST ST HELIER, JERSEY	13 STREET ADDRESS		
CITY ST ZIP	CHANNEL ISLANDS GREAT BRITAI	14 CITY ST ZIP		
TITLE	D	21 TITLE	D,S	☒ Change ☐ Addition
NAME	HO, AMY	22 NAME	Yu, Miranda	
STREET ADDRESS	1 WESLEY ST ST HELIER, JERSEY	23 STREET ADDRESS	1 Wesley St., St. Helier, Jersey	
CITY ST ZIP	CHANNEL ISLANDS GREAT BRITAI	24 CITY ST ZIP	Channel Islands, Great Britain	
TITLE	D	31 TITLE	D,P, Ass't S	☒ Change ☐ Addition
NAME	STACEY, HAROLD R	32 NAME	Neil Evan Wakeling	
STREET ADDRESS	1 WESLEY ST ST HELIER, JERSEY	33 STREET ADDRESS	1 Wesley St., St. Helier, Jersey	
CITY ST ZIP	CHANNEL ISLANDS GREAT BRITAI	34 CITY ST ZIP	Channel Islands, Great Britain	
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)(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 added by this amendment with an address.

SIGNATURE: N.E. WAKELING / 18 APRIL 1995 Int(44)1534-888111

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

0120046 CP