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 -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026414 (0)

1. Corporation Name
T. WOOD & ASSOCIATES, INC.

Principal Place of Business
~~9500 MYSTIC POINT DRIVE SUITE 3215~~
~~AVENTURA FL 33180~~

Mailing Address
~~9500 MYSTIC POINT DRIVE SUITE 3215~~
~~AVENTURA FL 33180~~

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 1007 N. FEDERAL HWY.
Suite, Apt. #, etc.
22 SUITE 104
City & State
23 FT. LAUDERDALE, FL.
Zip 24 33304
Country 25

2a. Mailing Address
26 1007 N. FEDERAL HWY.
Suite, Apt. #, etc.
27 SUITE 104
City & State
28 FT. LAUDERDALE, FL.
Zip 29 33304
Country 30

4. FEI Number 65-049 5437 — 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
HEYDASCH, AXEL
100 N BISCAYNE BLVD
30TH FL, NEW WORLD TOWER
MIAMI FL 33132

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) (NOTE: Registered Agent signature required if name changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WOOD, TRACEY
STREET ADDRESS	~~9500 MYSTIC PT DR SUITE 3215~~
CITY, ST, ZIP	~~AVENTURA FL 33180~~
TITLE	~~VSD~~
NAME	~~OEHME, WOLFGANG~~
STREET ADDRESS	~~9500 MYSTIC PT DR SUITE 3215~~
CITY, ST, ZIP	~~AVENTURA FL 33180~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☑ Change ☐ Add
12 NAME	
13 STREET ADDRESS	1007 N. FEDERAL HWY. SUITE 104
14 CITY, ST, ZIP	FT. LAUDERDALE, FL. 33304
21 TITLE	VSD ☑ Change ☐ Add
22 NAME	THOMAS WOOD
23 STREET ADDRESS	1007 N. FEDERAL HWY. SUITE 104
24 CITY, ST, ZIP	FT. LAUDERDALE, FL 33304
31 TITLE	☐ Change ☐ Add
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Add
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Add
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Add
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge, is accurate. I further certify that this corporation is qualified for the exemption stated in Section 110.07(306), Florida Statutes. I further certify that this corporation has paid all fees due to the Department of State, most recent annual report filed with the Department of State, and its registered agent, registered office, and registered address in accordance with Chapter 607, Florida Statutes. I further certify that I am an officer or director of this corporation or a person authorized by the board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 12 of this report or in an attachment with an address.

SIGNATURE: T. Wood — T. WOOD — 02-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

010676 CP