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

PROFIT FLORIDA DEPARTMENT CX-STATE CORPORATION Sandra B Mortham · ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000027126 RAUL A PARVIS, INC. Maling Address Principal Place of Business 15029 SW 88TH LN P.O. BOX 832707 MIAMI, FL 33283-2707 MIAMI, FL33196 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/94 05/01/95 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0502504 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Cert-ficate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be Oity & State City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s. 199.032, Country Zio Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAUL A PARVIS Street Address (P.O. Box Number is Not Acceptable) 82 P.O. BOX 832707 MIAMI, ${f FL}$ 33283-2707 83 City WIAMI Zo Code 33/96. 17. 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 hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Soction 607.0505, Florida Statutes. DATE Signature, system or printed marks of registered application in the Eapplication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1 1 T-TLE TITLE 1.2 NAME NAME RAUL A PARVIS 1.3 STREET ADDRESS STREET ADDRESS 15029 SW 88TH LN MIAMI, FL 33196 14 CHY+ST ZIP CHY-ST-ZiP ☐ Add tion Change DELETE 2.1 lift.f TITLE 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CHY-ST-ZIP Change Addition □ DELETE 3 1111.€ TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZiP CITY - ST - ZIP 100001774759ange -04/10/36--01010--015 Addition DELETE 4 1 bl.E TITLE 4.2 NAME NAME ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4.0(1) -S1-7(F) CHTY - ST- ZIP Addition Change DELETE 5 1 1/1E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-70P CITY-ST-ZP Change DELETE 6 1 TITLE TULE 6.2 N4Mi NAME

14. I do hereby certify that the information sumplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cartify that the national report of director of the corporated or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 18 if changed for drift attractment with an address. SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

STREET ADORESS

6.3 STHEET ADDRESS

64 CITY - ST - ZIP

CR2E034