PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000030516 (6)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
INFOSTAT , INC.

Principal Place of Business	Mailing Address
780 N.W. LEJEUNE ROAD SUITE 625 MIAMI FL 33126	780 N.W. LEJEUNE ROAD SUITE 625 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0482999 ☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 28 West Flagler St.	26 28 West Flagler St.
22 Suite, Apt. #, etc. 11th Floor	27 Suite, Apt. #, etc. 11th Floor
23 City & State MIAMI, FL.	28 City & State MIAMI, FL.
24 Zip 33130 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT D
780 N.W. LEJEUNE ROAD
SUITE 625
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Robert D. Shapiro
82 Street Address (P.O. Box Number is Not Acceptable): 28 West Flagler St.
83: 11th Floor
84 City: MIAMI FL 85 Zip Code: 33130

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: X _____ 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, THOMAS M	1.2 NAME		
STREET ADDRESS	18423 N.W. 9 STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, KATHY	2.2 NAME		
STREET ADDRESS	18423 N.W. 9 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☑ Change ☐ Addition
NAME	SHAPIRO, ROBERT D	3.2 NAME		
STREET ADDRESS	780 N.W. LEJEUNE ROAD, SUITE 625	3.3 STREET ADDRESS	28 West Flagler St., 11th Floor	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	Miami, Fl. 33130	
TITLE	TD	4.1 TITLE		☑ Change ☐ Addition
NAME	SHAPIRO, MARIA M	4.2 NAME		
STREET ADDRESS	780 N.W. LEJEUNE ROAD, SUITE 625	4.3 STREET ADDRESS	28 West Flagler St., 11th Floor	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	Miami, FL. 33130	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

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

0055220 CP