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 JUN 15 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031427 (5)

1. Corporation Name
RESTORE-BRITE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
21 QUINBY PLACE WEST ORANGE NJ 07052	21 QUINBY PLACE WEST ORANGE NJ 07052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1818 SW 100th AVENUE
2a. Mailing Address: 26 P.O. Box 240937
4. FEI Number: 65-0492070 — Applied For / Not Applicable
Suite, Apt. #, etc: 22
Suite, Apt. #, etc: 27
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
City & State: 23 MIRAMAR, FLORIDA
City & State: 28 Pembroke Pines FL
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip: 24 33025
Country: 25 BROWARD
Zip: 29 33084
Country: 30 BROWARD
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLODIG, GREGORY J
1630 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: MARTHA E. ECHEVERRY
82 Street Address (P.O. Box Number is Not Acceptable): 1818 SW 100th Avenue.
83
84 City: MIRAMAR FL 85 Zip Code: 33025

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: Martha E. Echeverry — 04-25-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ECHEVERRY, MARTHA	12 NAME	
STREET ADDRESS	21 QUINBY PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	WEST ORANGE NJ 07052	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	600001515386
STREET ADDRESS		23 STREET ADDRESS	-06/16/95--01045--014
CITY-ST-ZIP		24 CITY-ST-ZIP	****208.75 ****208.75
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE: Martha E. Echeverry — 04-25-95 — 305-430-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394400 FP