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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 12:52

DOCUMENT # **P94000034064 (3)**

1. Corporation Name
CHILD TRACE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
19101 MYSTIC POINTE DRIVE SUITE 2902 AVENTURA FL 33180	19101 MYSTIC POINTE DRIVE SUITE 2902 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0485056 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KATIMS, NEIL A
10725 S.W. 104TH STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Michael E. Christiansen
82 Street Address (P.O. Box Number is Not Acceptable): 2750 North Federal Highway
83
84 City: Fort Lauderdale FL 85 Zip Code: 33306

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director + Secretary + Chairman	☒ Change ☐ Addition
NAME	DARLING, JAY O	12 NAME		
STREET ADDRESS	19101 MYSTC POINT DRIVE, SUITE 2902	13 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, JOSEPH M	22 NAME		
STREET ADDRESS	5821 S.W. 163RD AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	24 CITY-ST-ZIP		
TITLE	~~STD~~	31 TITLE	Delete	☒ Change ☐ Addition
NAME	~~SILVERMAN, CRAIG L~~	32 NAME		
STREET ADDRESS	~~19000 N.E. 20TH AVENUE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33179~~	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: Jay O Darling JAY O. DARLING 5/27/95 305 933-5736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0198251 CP