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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000036380 (1)

1. Corporation Name
CHARITZ, INC.

Principal Place of Business
C/O ZUKERMAN, SPAEDER, TAYLOR & EVANS
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131

Mailing Address
C/O ZUKERMAN, SPAEDER, TAYLOR & EVANS
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report N/A
4. FEI Number 65-0489601	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	

2. Principal Place of Business 21 C/O MICHAEL STEVEN GREENE, ESQ. Suite, Apt. #, etc.	2a. Mailing Address 26 C/O MICHAEL STEVEN GREENE, ESQ. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country 25 USA	30 Country 31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, MICHAEL S
C/O ZUKERMAN, SPAEDER, TAYLOR & EVANS
201 S BISCAYNE BLVD SUITE 900
MIAMI FL 33131

81 Name GREENE, MICHAEL STEVEN
82 Street Address (P.O. Box Number is Not Acceptable) ZUCKERMAN, SPAEDER, TAYLOR & EVANS
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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

(Signature of Registered Agent required when appointing)

DATE

4/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D COHEN, LORI C/O ZUKERMAN, SPAEDER, TAYLOR & EVANS MIAMI FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	P/S ☒ Change ☒ Addition 17085 WHITE HAVEN DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY ST ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	V/T ☐ Change ☒ Addition SERGIO FERNANDEZ 5026 SW 147 PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

14. I 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)(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 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 of this filing, or as an attachment with an affidavit.

SIGNATURE:

[Signature]
Sergio Fernandez, Vice President

3-13-95

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