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
PAID

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039624 (9)**

1. Corporate Name
GRADIENTE ELECTRONICS INC.

Principal Place of Business
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134

Mailing Address
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **65-0500067** ☐ 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

7. This corporation has activity for interstate tax under § 180.1501, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIR, HECTOR J
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of New Registered Agent (Typed, Printed or Stamped)) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FILHO, EUGENIO E.S.
STREET ADDRESS	RUA DR. FERNANDES COELHO, 64
CITY-ST-ZIP	SAO PAULO - S.P. 05423-911 BRAZ.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report 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 above, or on an attachment with an address.

SIGNATURE: EUGENIO E S FILHO — 5/9/95 — (305) 444-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0141373 CP

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CORPORATION
ANNUAL REPORT
1995

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

ACCEPTED
FILED

95 MAY 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040353 (2)**

1. Corporate Name
AUDIO FASHION, INC.

Principal Place of Business
6548 EAST COLONIAL DRIVE
ORLANDO FL 32807

Mailing Address
6548 EAST COLONIAL DRIVE
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1994**

3a. Date of Last Report: Annual Report

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | County — 30

4. FEI Number: 59-3263904 ☐ 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 initially for intangible tax under s. 199 D.R.* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LONDONO, DIEGO
6548 E. COLONIAL DR.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 Title	DP	91 Title	☐ Change ☐ Addition
92 Name	LONDONO, DIEGO	92 Name	
93 Street Address	6548 E. COLONIAL DR.	93 Street Address	
94 City-St-Zip	ORLANDO FL 32807	94 City-St-Zip	
95 Title	DV	95 Title	☐ Change ☐ Addition
96 Name	HURTADO, GLORIA	96 Name	
97 Street Address	6548 E. COLONIAL DR.	97 Street Address	
98 City-St-Zip	ORLANDO FL 32807	98 City-St-Zip	
99 Title		99 Title	☐ Change ☐ Addition
100 Name		100 Name	
101 Street Address		101 Street Address	
102 City-St-Zip		102 City-St-Zip	
103 Title		103 Title	☐ Change ☐ Addition
104 Name		104 Name	
105 Street Address		105 Street Address	
106 City-St-Zip		106 City-St-Zip	
107 Title		107 Title	☐ Change ☐ Addition
108 Name		108 Name	
109 Street Address		109 Street Address	
110 City-St-Zip		110 City-St-Zip	
111 Title		111 Title	☐ Change ☐ Addition
112 Name		112 Name	
113 Street Address		113 Street Address	
114 City-St-Zip		114 City-St-Zip	

14. I declare I 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 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: Gloria Hurtado V.P. 5-10-95 381-8191
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — Title — Daytime Phone #
Gloria Hurtado Vice President

0058034 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040722 (8)**

1. **HEKELA'S & PEWELI FROZEN YOGURT, INCORPORATED**

P.O. BOX 199 SKIPPACK PA 19474-0199	P O BOX 199 SKIPPACK PA 19474-0199

3. Date of Incorporation (if applicable): 05/31/1994
3a. Date of this Report:

21	7 old king's road North	26	7 Old King's Road North
22	Suite #12	27	Suite #12
23	Palm Coast, FL	28	Palm Coast, FL
24	32137	29	32137
25	Flagler	30	Flagler

4. FEI Number: 59-3247475 — 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. Does corporation owe funds to, or engage in business subject to regulation under, F.S. 607.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Beverly Mayes
82 Street Address (P.O. Box Number is Not Acceptable): 28 Clearview Ct. South
83:
84 City: Palm Coast FL 85 Zip Code: 32137

11. Pursuant to the provisions of Section(s) 607.0502, 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. The 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: Beverly Mayes — Beverly Mayes, Sec. — May 16, 1995

12. OFFICER AND DIRECTOR TYPE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
	P/T ☐ Change ☒ Addition Heather C. Mayes 39 Cooper Ln Palm Coast, FL 32137
	V/S ☐ Change ☒ Addition Beverly Mayes 28 Clearview Ct. South Palm Coast, FL 32137
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare, certify and that the information supplied with this report is complete, accurate and current, and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 11 or Block 13 above or on an attached addendum.

SIGNATURE: Beverly Mayes — Beverly Mayes — May 16,1995 — (904) 445-7832
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number

0477271 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

DOCUMENT # P94000040816 (8)

KUHL ART, INC.

2790 BIRD AVE.
COCONUT GROVE FL 33133

2790 BIRD AVE.
COCONUT GROVE FL 33133

3. 05/27/1994

X Not Applicable

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

Florida Statutes. X Yes [ ] No

9. Name and Address of Current Registered Agent

KUHL, SHEILA J
2790 BIRD AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] and (if [illegible] 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 and that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (if [illegible]) of such corporation to accept service of process within Florida.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

Title / Name / Street Address / City-St-Zip	D KUHL, FRANCIS A 2970 BIRD AVE. COCONUT GROVE FL 33133
Title / Name / Street Address / City-St-Zip	D KUHL, SHEILA J 2979 BIRD AVE. COCONUT GROVE FL 33133
Title / Name / Street Address / City-St-Zip	
Title / Name / Street Address / City-St-Zip	
Title / Name / Street Address / City-St-Zip	
Title / Name / Street Address / City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / Name / Street Address / City-St-Zip	[ ] Change [ ] Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, if an officer or director listed is changed, or added, or an address is changed, or added.

SIGNATURE: Francis A Kuhl PRESI. 5/12/95 305-445-7409

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

FRANCIS A. KUHL

0134040 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000040902 (6)

1. Corporate Name

STROKE OF GENIUS, INC.

Principal Place of Business: ~~6640 N HIMES #407 TAMPA FL~~

Mailing Address: ~~6640 N HIMES #407 TAMPA FL~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1994

3a. Date of Last Report: 1st Report

2. Principal Place of Business	2a. Mailing Address
21 5423 Baywater Dr.	26 5423 Baywater Dr.
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33615 Country 25 USA	Zip 29 33615 Country 30 USA

4. FEI Number: 59-3254771 ☐ 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

9. Name and Address of Current Registered Agent

HILL, MIKE
~~6640 N HIMES #407~~
~~TAMPA FL~~

10. Name and Address of New Registered Agent

81 Name: Mike Hill
82 Street Address (P.O. Box Number is Not Acceptable): 5423 Baywater Dr.
83
84 City: Tampa FL 85 Zip Code: 33615

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 s. 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	LENTZ, WREATHA	1 NAME
STREET ADDRESS	4435 1ST STREET N.E.	1 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	1 CITY-ST-ZIP
TITLE		2 TITLE ☐ Change ☐ Addition
NAME		2 NAME
STREET ADDRESS		2 STREET ADDRESS
CITY-ST-ZIP		2 CITY-ST-ZIP
TITLE		3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

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)(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: Wreatha Lentz 5/18/95 813-527-4017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0297026 CP