SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -8 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000039941 (7)

1. Corporation Name

CONDOR ENTERPRISE/SOUTH AMERICA CORPORATION

Principal Place of Business	Mailing Address
3605 JUAN ORTIZ CIRCLE FORT PIERCE FL 34947	3605 JUAN ORTIZ CIRCLE FORT PIERCE FL 34947

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report:

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

4. FEI Number — ☑ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name: Juanita Letourneau
62 Street Address (P.O. Box Number is Not Acceptable): 3605 Juan Ortiz Circle
63
64 City: Ft Pierce FL 65 Zip Code: 34947

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 [signature] Date: 8/4/95

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	DP	1 1 TITLE	President/Director ☑ Change ☐ Addition
NAME	BRUCE, DAVID	1 2 NAME	Juanita Letourneau
STREET ADDRESS	3605 JUAN ORTIZ CIRCLE	1 3 STREET ADDRESS	3605 Juan Ortiz Circle
CITY-ST-ZIP	FORT PIERCE FL 34947	1 4 CITY-ST-ZIP	Ft Pierce, Fla 34947
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	LETOURNEAU, JUANITA	2 2 NAME	
STREET ADDRESS	3605 JUAN ORTIZ CIRCLE	2 3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	LETOURNEAU, CYNTIA	3 2 NAME	
STREET ADDRESS	3605 JUAN ORTIZ CIRCLE	3 3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	3 4 CITY-ST-ZIP	
TITLE	DST	4 1 TITLE	Director/Treasurer ☑ Change ☐ Addition
NAME	CAPERTON, TOM	4 2 NAME	Eric Letourneau
STREET ADDRESS	3605 JUAN ORTIZ CIRCLE	4 3 STREET ADDRESS	1104 Jasmine Ave
CITY-ST-ZIP	FORT PIERCE FL 34947	4 4 CITY-ST-ZIP	Ft Pierce, Fla
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	

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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] President — 8/4/95 — 407-466-5885

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

CR2E034 (3/95)

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