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 FEB 28 AM 10:05

DOCUMENT # P94000043825 (6)

1. Corporation Name

CRUZ-GOVIN HOLDINGS, INC.

Principal Place of Business
11200 W. FLAGLER ST.
SUITE 213
MIAMI FL 33174

Mailing Address
11200 W. FLAGLER ST.
SUITE 213
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5715 W. 20 Ave
Suite, Apt. #, etc.
22 Hialeah, FL
City & State
23 33012
Zip
24
Country
25 USA

2a. Mailing Address
26 P.O. Box 651612
Suite, Apt. #, etc.
27 Miami, FL
City & State
28
Zip
29 33265
Country
30 USA

4. FEI Number: 65-0497665 ☐ 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

*TERREMARK CORPORATE AGENTS INC.
2601 S. BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Ileana Garciga
82 Street Address (P.O. Box Number is Not Acceptable): 5715 West 20 Ave
83
84 City: Hialeah
FL 85 Zip Code: 33012.

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] 1/30/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUZ, LUIS
STREET ADDRESS	11200 W. FLAGLER ST., SUITE 213
CITY-ST-ZIP	MIAMI FL 33174
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	D	☒ Change ☐ Addition
12 NAME	Cruz, Luis	
13 STREET ADDRESS	5715 W. 20 Ave	
14 CITY-ST-ZIP	Hialeah, FL 33012	
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 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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] 1/30/95 822-0199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100213 CP