FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043832 (2)

1. Corporation Name

INTERNATIONAL HOSIERY OF AMERICA, INC.

Principal Place of Business
2699 S. BAYSHORE DR.
MIAMI FL 33133

Mailing Address
2699 S. BAYSHORE DR.
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: 06/13/1994

3a. Date of Last Report:

4. FEI Number: 65-0496923 — 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

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 617.0502, 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. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ Change ☐ Addition
NAME	MICHA, ISAAC	
STREET ADDRESS	2699 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DST	☐ Change ☐ Addition
NAME	MICHA, RALPH	
STREET ADDRESS	2699 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	☐ Change ☐ Addition
NAME	MICHA, FRED	
STREET ADDRESS	2699 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 of the form or an attachment with an address.

SIGNATURE: SR. FRED MICHA SAADIA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/10/95 Date — (305) 858-5600 Daytime Phone #

0134067 CP

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 AND FILED

... 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000043836 (3)

1. Corporate Name

VIM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2699 S. BAYSHORE DR. MIAMI FL 33133	2699 S. BAYSHORE DR. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:
4. FEI Number: 65-0496921 ☐ 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 taxable ... Florida Statutes ☑ Yes ☐ No

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

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

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

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MICHA, FRED
STREET ADDRESS	2699 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DST
NAME	MICHA, RALPH
STREET ADDRESS	2699 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DC
NAME	MICHA, ISAAC
STREET ADDRESS	2699 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

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), 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: SR. FRED MICHA SAADIA 5/10/95 (305) 858-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0134092 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P94000044003 (9)**

1\. Corporate Name

CORNERSTONE AIR CONDITIONING SERVICES, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business: 8522 N. 40TH ST. TAMPA FL 33604

Mailing Address: 8102 N. ARMENIA AVE. TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: **06/07/1994**

3a. Date of Last Report:

4\. FEI Number: [X] 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 / 2a. Mailing Address: 21, 22, 23, 24, 25 / 26, 27, 28, 29, 30 (blank)

9. Name and Address of Current Registered Agent

RUSSELL, SUSAN
8102 N. ARMENIA AVE.
TAMPA FL 33604

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 617.1509, 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, Florida Statutes.

SIGNATURE: *Susan Russell*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**P**	1 TITLE	*Delete every thing* [X] Change [ ] Addition
NAME	**RUSSELL, DAVID**	1 NAME	
STREET ADDRESS	**8102 N. ARMENIA AVE.**	1 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL 33604**	1 CITY-ST-ZIP	
TITLE	**V**	2 TITLE	*P* [ ] Change [X] Addition
NAME	**RUSSELL, SUSAN**	2 NAME	
STREET ADDRESS	**8102 N. ARMENIA AVE.**	2 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL 33604**	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 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: *Susan Russell* *Susan Russell* — *Vice Pres* *President* *5-4-95* *813 935-6614*

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

0290007 CP

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

DOCUMENT # **P94000044837 (0)**

1. Corporation Name

MARINER AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
13295 MITTEN LANE SPRING HILL FL 34609	13295 MITTEN LANE SPRING HILL FL 34609

... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1196 MARINER BLVD.	26 1196 MARINER BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SPRING HILL, FL	City & State 28 SPRING HILL, FL
Zip 24 34605 Country 25 U.S.A.	Zip 29 34605 Country 30 U.S.A.

4. FEI Number: 59-3246485 — [ ] 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCARBOROUGH, JAMES P JR 13295 MITTEN LANE SPRING HILL FL 34609	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: SCARBOROUGH, JAMES P JR STREET ADDRESS: 13295 MITTEN LANE CITY-ST-ZIP: SPRING HILL FL 34609	1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 TITLE: Secretary 2 NAME: ARLINE SCARBOROUGH 2 STREET ADDRESS: 1196 MARINER BLVD 2 CITY-ST-ZIP: SPRING HILL, FL 34605 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP — [ ] Change [ ] Addition

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 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: X James P. Scarborough Jr. — James P. Scarborough Jr. X 5-5-95 X 904 688-9631

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

0354765 CP