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 JUL 21 AM 7:43

DOCUMENT # P94000044552 (5)

1. Corporation Name
PRO COPY SERVICES, INC.

Principal Place of Business
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33634

Mailing Address
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1994**
3a. Date of Last Report

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

4. FEI Number: 59-3106463 ☐ 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 of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERGUSON, ALAN
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33634

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: President NAME: Alan Ferguson STREET ADDRESS: 1100-T 24th Street CITY-ST-ZIP: Kenner, LA 70062	☐ Change ☐ Addition 600001545176 -07/25/95--01057--004 ****225.00 ****225.00
TITLE: Vice-President NAME: Alan Ferguson STREET ADDRESS: 1100-T 24th Street CITY-ST-ZIP: Kenner, LA 70062	☐ Change ☐ Addition
TITLE: Secretary NAME: Alan Ferguson STREET ADDRESS: 1100-T 24th Street CITY-ST-ZIP: Kenner, LA 70062	☐ Change ☐ Addition
TITLE: Treasurer NAME: Alan Ferguson STREET ADDRESS: 1100-T 24th Street CITY-ST-ZIP: Kenner, LA 70062	☐ Change ☐ Addition
TITLE: Director NAME: Alan Ferguson STREET ADDRESS: 1100-T 24th Street CITY-ST-ZIP: Kenner, LA 70062	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(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: ALAN FERGUSON 6-8-95 504-464-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0101813 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

FILED
95 JUL 27 AM 10:18

DOCUMENT # P94000044734

1. Corporation Name
SOUTH FLORIDA SPECIAL FINANCE SERVICE, INC.

Principal Place of Business	Mailing Address
7105 SW 8th Street #206 Miami, Fl. 33144	7105 SW 8 St. #206 Miami, Fl. 33144

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified — 3a. Date of Last Report

4. FEI Number: Applied for — ☐ 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

10. Name and Address of New Registered Agent

81 Name: RAFAEL GONZALEZ-LABRADA

82 Street Address (P.O. Box Number is Not Acceptable): 6830 SW 128th Place

83

84 City: Miami — FL — 85 Zip Code: 33183

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: R. Gonzalez-Labrada — (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/D ☒ Change ☐ Addition RAFAEL GONZALEZ-LABRADA 6830 SW 128th PLACE MIAMI, FL. 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VP/D ☒ Change ☐ Addition EUGENIA J. VAZQUEZ 9270 SW 149th COURT MIAMI, FL. 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	S/D ☒ Change ☐ Addition RAMON MORALES 10230 SW FLAGLER TERRACE MIAMI, FL. 33174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	T/D ☐ Change ☐ Addition ANGELA RODRIGUEZ 1020 SW 99th PLACE MIAMI, FL. 33174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 300001547759 -07/27/95--01064--011 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We 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: RAFAEL GONZOLEZ-LABRADA — SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — PRESIDENT — 7/21/95 — Date — 305-262-1262 — Daytime Phone #