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

95 APR 25 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045378 (4)**

1. Corporation Name

THE CUTTING CONNECTION, INC.

Principal Place of Business	Mailing Address
2275 NORTHWEST 150 STREET OPA LOCKA FL 33054	2275 NORTHWEST 150 STREET OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2285 N.W. 150 Street	2a. Mailing Address 26 2285 N.W. 150 Street	3. Date Incorporated or Qualified 06/17/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0499095	Applied For Not Applicable
City & State 23 Opa Locka, FL.	City & State 28 Opa Locka, FL.	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip / Country 24 33054 / 25 US	Zip / Country 29 33054 / 30 US	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
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: Lissette Benitez 82 Street Address (P.O. Box Number is Not Acceptable): c/o Richards, 83: 2665 S. Bayshore Dr, Ste. 900 84 City: Miami FL 85 Zip Code: 33131

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: Lissette Benitez — 1/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☑ Change ☐ Addition
NAME	BELMONTE, ANDRE P	12 NAME	Andre P. Belmonte	
STREET ADDRESS	2275 NORTHWEST 150 STREET	13 STREET ADDRESS	2285 N.W. 150 Street	
CITY-ST-ZIP	OPA LOCKA FL 33054	14 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE		21 TITLE	Secretary / Treasurer	☐ Change ☑ Addition
NAME		22 NAME	Natalie A. Belmonte	
STREET ADDRESS		23 STREET ADDRESS	2285 N.W 150 Street	
CITY-ST-ZIP		24 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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(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: Natalie A. Belmonte — Natalie A. Belmonte — 4-17-95 — 305-681-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101M96 CP