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 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045419 (6)**

1. Corporation Name
BAYOU DELTA, INC.

Principal Place of Business	Mailing Address
628 MICHIGAN BLVD. DUNEDIN FL 33528	628 MICHIGAN BLVD. DUNEDIN FL 33528

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3263801 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: [X] — $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

Zip (24) / County (25) / Zip (29) / County (30)
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

CHRISTNER, ALAN S JR. P.A
401 SECOND STREET EAST
SUITE 231
INDIAN ROCKS BEACH FL 34635

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 Section 607.1913, and/or 608, 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. Said 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: (Required when reinstating; Registered Agent's signature required for any change)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.
D/P ALBERT O. TUCKER 628 MICHIGAN BLVD. DUNEDIN, FL 34698	[ ] Change [ ] Addition
D/EVP JOHN M. GRAF 628 MICHIGAN BLVD. DUNEDIN, FL 34698	[ ] Change [ ] Addition
D/S/T PATRICIA D. GRAF 628 MICHIGAN BLVD. DUNEDIN, FL 34698	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] 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 added to the report or an attachment with an asterisk.

SIGNATURE: Patricia D. Graf — PATRICIA D. GRAF — 5/12/95 — (813) 733-5737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
as Secretary/Treasurer — AS SECRETARY/TREASURER

0960120 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045751 (2)**

1. Corporation Name

COHEN RELOCATION CONSULTING, INC.

Principal Place of Business	Mailing Address
2516 SW 30TH AVENUE HALLANDALE FL 33009	2516 SW 30TH AVENUE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1994**
3a. Date of Last Report:

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

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

GREENSPAN, PAUL L
2516 SW 30TH AVENUE
HALLANDALE FL 33009

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
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSTD GREENSPAN, PAUL L 2516 SW 30TH AVENUE HALLANDALE FL 33009~~	☒ Change ☐ Addition	Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VIDAL, RAYMOND N 620 S. PARK RD. #232 HOLLYWOOD, FL 33021	☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 or on an attachment with an address.

SIGNATURE: [signature] RAYMOND VIDAL pres. — 05/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0077762 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED
MAY

: 15

TALLAHASSEE, FLORIDA

DOCUMENT # P94000047854 (2)

1. Corporate Name

SHENDAO CORP.

Principal Place of Business	Mailing Address
528 MERIDIAN AVE. #303 MIAMI BEACH FL 33139	528 MERIDIAN AVE. #303 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. # or Bldg. — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite, Apt. # or Bldg. — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: 65-0501307 ☐ 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. Currently Due ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM M
528 MERIDIAN AVE.
#303
MIAMI BEACH FL 33139

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 Section 607.0501, 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 19
Title	PSTV	☐ Change ☐ Addition
Name	JOHNSON, WILLIAM M	
Street Address	528 MERIDIAN AVE. #303	
City-State-Zip	MIAMI BEACH FL 33139	
Title	D	☐ Change ☐ Addition
Name	JOHNSON, WILLIAM M	
Street Address	528 MERIDIAN AVE. #303	
City-State-Zip	MIAMI BEACH FL 33139	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I hereby certify that the information supplied with this report is true, accurate, complete and that I am qualified to sign this report. I further certify that the corporation named on the annual report or supplemental annual report has not changed its principal place of business or mailing address as indicated on the last report filed with the Department, or that this report is to amend the principal place of business or mailing address indicated on the last report filed with the Department, or that this report is to change or reinstate the listed officers or directors with the Department.

SIGNATURE: ✓ [signature] 3-14-95 ✓

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE

0146620 CP