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 -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # P94000046208 (2)

1. Corporation Name

SAFETY & HEALTH RESOURCES, INC.

Principal Place of Business	Mailing Address
2009 S.W. 98TH TERRACE MIRAMAR FL 33025	2009 S.W. 98TH TERRACE MIRAMAR FL 33025

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)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

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

4. FEI Number: 65-0491160 — 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

SIVERIO, E
2009 S.W. 98TH TERRACE
MIRAMAR FL 33025

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

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	MELENDEZ, JULIO A	12 NAME	MELENDEZ, JULIO A.
STREET ADDRESS	11944 MOLLYLEA DRIVE	13 STREET ADDRESS	6540 TYLER ST
CITY ST ZIP	BATON ROUGE LA 70815	14 CITY ST ZIP	HOLLYWOOD, FL 33024-7645
TITLE	SD	21 TITLE	SD ☑ Change ☐ Addition
NAME	MELENDEZ, EDNA MAY	22 NAME	MELENDEZ, EDNA MAY
STREET ADDRESS	11944 MOLLYLEA DRIVE	23 STREET ADDRESS	6540 TYLER ST.
CITY ST ZIP	BATON ROUGE LA 70815	24 CITY ST ZIP	Hollywood, FL 33024-7645
TITLE	VPD	31 TITLE	VPD ☑ Change ☐ Addition
NAME	MELENDEZ, MARIA L	32 NAME	MELENDEZ, MARIA L.
STREET ADDRESS	11944 MOLLYLEA DRIVE	33 STREET ADDRESS	6540 TYLER ST
CITY ST ZIP	BATON ROUGE LA 70815	34 CITY ST ZIP	Hollywood, FL 33024-7645
TITLE	TD	41 TITLE	TD ☑ Change ☐ Addition
NAME	MELENDEZ, JULIO M	42 NAME	MELENDEZ, JULIO M
STREET ADDRESS	11944 MOLLYLEA DRIVE	43 STREET ADDRESS	6540 TYLER ST
CITY ST ZIP	BATON ROUGE LA 70815	44 CITY ST ZIP	Hollywood FL 33024-7645
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 this 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: [signature] MELENDEZ, JULIO A PD 4/28/95

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

0094002 CP