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

[illegible] 11 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046676 (0)**

1. Corporate Name
SNELLING & HENTH, INC.

Principal Place of Business	Mailing Address
1855 GRIFFIN RD SUITE A-372 DANIA FL 33004	1855 GRIFFIN RD SUITE A-372 DANIA FL 33004

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)
2a. Mailing Address (26)
4. FEI Number: **65-0506248** ☐ Applied For ☐ Not Applicable
Suite Apt. # etc. (22) / Suite Apt. # etc. (27)
5. Certificate of Status Desired ☐ **$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 ☐ No

9. Name and Address of Current Registered Agent

SCHADE, HENRY W
2699 S BAYSHORE DR
MIAMI FL 33133

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
101	D	91	☐ Change ☐ Addition
NAME	SNELLING, GLENN W	92 NAME	
STREET ADDRESS	555 NE 34TH ST APT 2507	93 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	94 CITY-ST-ZIP	
102		95	☐ Change ☐ Addition
NAME		96 NAME	
STREET ADDRESS		97 STREET ADDRESS	
CITY-ST-ZIP		98 CITY-ST-ZIP	
103		99	☐ Change ☐ Addition
NAME		100 NAME	
STREET ADDRESS		101 STREET ADDRESS	
CITY-ST-ZIP		102 CITY-ST-ZIP	
104		103	☐ Change ☐ Addition
NAME		104 NAME	
STREET ADDRESS		105 STREET ADDRESS	
CITY-ST-ZIP		106 CITY-ST-ZIP	
105		107	☐ Change ☐ Addition
NAME		108 NAME	
STREET ADDRESS		109 STREET ADDRESS	
CITY-ST-ZIP		110 CITY-ST-ZIP	
106		111	☐ Change ☐ Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY-ST-ZIP		114 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 1, 2, or Block 14 if changed, or on an attachment with an address.

SIGNATURE: [illegible] HUGO HENTH — 4/8/95 — 305-923-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0422095 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000047869 (0)

1. CORAL GABLES DIAGNOSTIC, INC.

Principal Place of Business: 5200 S.W. 8TH ST. (Suite 203B) CORAL GABLES FL 33134

Mailing Address: 5200 S.W. 8TH ST. (Suite 203B) CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 06/27/1994

4. FEI Number: 65-0502971

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

2a. Mailing Address: 26 5200 Sw 8 St

27 Suite, Apt #, etc.: 203B

28 City & State: Coral Gables

29 Zip: 33134 — 30 County: Dade

9. Name and Address of Current Registered Agent

IZQUIERDO, ALEXIS
757 N.W. 27TH AVE.
MIAMI FL 33134

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.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUETO, JUAN C
STREET ADDRESS	5200 S.W. 8TH ST.
CITY-ST-ZIP	CORAL GABLES FL 33144
TITLE	D
NAME	HERRERA, RINA
STREET ADDRESS	5200 S.W. 8TH ST.
CITY-ST-ZIP	CORAL GABLES FL 33144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rina Herrera (Rina Herrera) 5/1/95 305-442-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0139200 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

[illegible] PM 0:15

[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047872 (4)**

1. Corporation Name
DANICO OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
212 CHARLES COURT JUPITER FL 33477	P.O. BOX 7945 JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
Suite Apt. # etc. — 22
City & State — 23
ZIP — 24 / County — 25

2a. Mailing Address — 26
Suite Apt. # etc. — 27
City & State — 28
ZIP — 29 / County — 30

4. FEI Number: **65-0502176** ☐ 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 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CARVALHO, IRENE	12 NAME	
STREET ADDRESS	212 CHARLES COURT	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CARVALHO, DANIEL	22 NAME	
STREET ADDRESS	212 CHARLES COURT	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	24 CITY-ST-ZIP	
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)(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: Irene Carvalho — 04/24/95 — (407) 747-2683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Irene CARVALHO

0436045 FP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048109 (0)

1. Corporate Name
ERIC W. LUSTER, INC.

Principal Place of Business
2801 N COURSE DR APT 204
POMPANO BEACH FL 33069

Mailing Address
2801 N COURSE DR APT 204
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0501124 — 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

LUSTER, ERIC W
2801 N COURSE DR APT 204
POMPANO BEACH FL 33069

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 ______ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUSTER, ERIC W
STREET ADDRESS	2801 N COURSE DR APT 204
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: X Eric Luster — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 05/11/95 — 305-761-9880 (Daytime Phone #)

0112464 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # P94000048422 (7)

1. Corporation Name

MERRITT PROMOTION DEVELOPMENT GROUP, INC.

Principal Place of Business: 307 W. VENICE AVE, SUITE B, VENICE FL 34285

Mailing Address: 307 W VENICE AVE, SUITE B, VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994

4. FEI Number: 06-1169593

2a. Mailing Address: P.O. Box 157

28. City & State: Venice, FL

29. Zip: 34284-0157

30. Country: U.S.A.

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 Florida Statutes. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

YARABEK, JOHN A
307 W. VENICE AVE.
SUITE B
VENICE FL 34285

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

SIGNATURE:

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D	YARABEK, JOHN A	9 ISAACS ST.	NORWALK CT 06850
D	YARABEK, JENNIFER J	9 ISAACS ST.	NORWALK CT 06850

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[✓] Change — 307 W. Venice Ave., Suite B, Venice, FL 34285

[✓] Change — 307 W. Venice Ave, Suite D, Venice, FL 34285

14. I 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 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: [signature] Jennifer J. Yarabek 1/23/95 813-484-6040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0346028 CP