FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000048561

1. Corporation Name
H.A.R. CORE, INC.

Principal Place of Business — Mailing Address
233 ROMANO AVE (SAME)
CORAL GABLES, FL 33134

3. Date Incorporated or Qualified: 6-24-94
3a. Date of Last Report: 4-22-95
4. FEI Number: 65-0513258 — 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

2. Principal Place of Business: 21 SAME
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address: 26 SAME
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LUIS, OLG M.
233 ROMANO AVE.
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: N/A
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: N/A
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	GUERRERO, LEONOR	
STREET ADDRESS	6795 ABBOTT AVE #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	DIRECTOR	☐ DELETE
NAME	KONTZAMANYS, STEPHANIE	
STREET ADDRESS	5791 SW 51 TER.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	DIRECTOR	☐ DELETE
NAME	LUIS, OLGA M.	
STREET ADDRESS	233 ROMANO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(struck through)	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	200001845822 -05/31/96--01037--003 ***75.00	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300001845823 -05/31/96--01037--004 ***75.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700001845827 -05/31/96--01037--005 ***75.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5/30 JZ	☐ Change ☐ Addition

CR2E034 (12/95)

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: Leonor Guerrero — 5-10-96 — (305) 471-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEONOR GUERRERO