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 MAR 23 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052692 (8)**

1. Corporate Name
COUNTY INVESTMENT SERVICE, INC.

Principal Place of Business
10470 S.W. 116 ST.
MIAMI FL 33176

Mailing Address
10470 S.W. 116 ST.
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

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

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

4. FEI Number: 65-0505225 — 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 activity for intrastate business under Chapter 607, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMMOND, NISMI
10470 S.W. 116 ST.
MIAMI FL 33176

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] Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
D	HAMMOND, NISMI	10470 S.W. 116 ST.	MIAMI FL 33176

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

Title	Name	Street Address	City, St, Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this report is substantially accurate and does not modify for the corporate status in Section 607.0505, Florida Statutes. I further certify that the information shown 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 on Block 12 or Block 13 of this report or my name is typed or printed herein and I am a director.

SIGNATURE: [signature] PRESIDENT / DIRECTOR 4/21/95 238 3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0103228 CP