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 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000053021

1. Corporation Name

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Flame System Inc. 3309 NW 7 St. Miami, Fl. 33125	

2. Principal Place of Business 21 3309 NW 7 St. Miami FL	2a. Mailing Address 26 Same
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Miami, Fl.	City & State 28
Zip / Country 24 33125 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 65-047600 8	☐ 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	10. Name and Address of New Registered Agent
Raul Rojas. 3309 NW 7 St Miami, Fl. 33125	81 Name: Armando Cabanas. 82 Street Address (P.O. Box Number is Not Acceptable): 8504 N W 66 St 83 84 City: Miami FL 85 Zip Code: 33166.

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: Raul Rojas / [signature] — 4-25-95

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Armando Cabanas 804 SW 180 Ave. Pembroke Pines, FL. 33029	11 TITLE: Pres, Secret & treasurer ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP: Armando Cabanas. 204 SW 180 Ave Pembroke Pines Fl. 33029
	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 RETURNED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: T.S. 6/20/95	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)(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] Armando Cabanas — 4/25/95 — 305 591-3912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (by) — (Daytime Phone #)