FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

95 MAR -7 PM 1:46

DOCUMENT # P94000053060 (7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MR. FIX IT OF MIAMI, CORP.

1227 SEVILLA AVE
CORAL GABLES FL 33134

1227 SEVILLA AVE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Business Began in Florida: 07/13/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 22 23 24 25

2a. Mailing Address: 26 27 28 29 30

4. FEI Number: 65-0505649 — 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: X Yes ☐ No

9. Name and Address of Current Registered Agent

GALLO, DAMIAN
1227 SEVILLA AVE
CORAL GABLES 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 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DPVS	11 Title	☐ Change ☐ Add'l
Name	GALLO, DAMIAN	12 Name	
Street Address	1227 SEVILLA AVE	13 Street Address	
City St Zip	CORAL GABLES FL 33134	14 City St Zip	
Title	T	21 Title	☐ Change ☐ Add'l
Name	GALLO, DAMIAN	22 Name	
Street Address	1227 SEVILLA AVE	23 Street Address	
City St Zip	CORAL GABLES FL 33134	24 City St Zip	
Title		31 Title	☐ Change ☐ Add'l
Name		32 Name	
Street Address		33 Street Address	
City St Zip		34 City St Zip	
Title		41 Title	☐ Change ☐ Add'l
Name		42 Name	
Street Address		43 Street Address	
City St Zip		44 City St Zip	
Title		51 Title	☐ Change ☐ Add'l
Name		52 Name	
Street Address		53 Street Address	
City St Zip		54 City St Zip	
Title		61 Title	☐ Change ☐ Add'l
Name		62 Name	
Street Address		63 Street Address	
City St Zip		64 City St Zip	

14. I hereby certify that the information indicated on this form is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the annual report of the corporation's annual report is true and accurate and that my signature shall have the same legal effect and meaning as if made under oath; that I am familiar with the contents of the report and am a director or officer of the corporation or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 12 of the report, or in Section 13 with an address.

SIGNATURE: 3-2-95

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

DAMIAN GALLO

0130070 CP