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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000053350 (2)

1. Current Corporate Name
SANJO CENTER, INC.

Principal Place of Business	Mailing Address
28 W FLAGLER ST SUITE 300 MIAMI FL 33130	28 W FLAGLER ST SUITE 300 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4155 NW 135 Street	26 4155 NW 135 Street
Suite, Apt. #, etc. 22 Suite B-2-U	Suite, Apt. #, etc. 27 Suite B-2-U
City & State 23 Opa Locka, FL Zip	City & State 28 Opa Locka, FL Zip

4. FEI Number: 65-0541237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing (Florida Statutes) ☐ Yes ☐ No $5.00

9. Name and Address of Current Registered Agent

SILVERMAN, GERALD
28 W FLAGLER ST SUITE 300
MIAMI FL 33130

10. Name and Address of New Registered Agent

91 Name: STEVE RAFFA
92 Street Address (P.O. Box Number is Not Acceptable): 4155 NW 135 Street
93 Suite B-2-U
94 City: Opa Locka, FL 95 Zip Code: 33054

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] 2/24/95 DATE
Typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D / SILVERMAN, GERALD / 28 W FLAGLER ST SUITE 300 / MIAMI FL 33130	11 TITLE: President ☒ Change ☐ Addition 12 NAME: STEVE RAFFA 13 STREET ADDRESS: 4155 NW 135 Street, Suite B-2-U 14 CITY-ST-ZIP: Opa Locka, FL 33054
	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this block 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 addition.

SIGNATURE: [signature] STEVE RAFFA 1-13-95 (305) 681-3545
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120426 CP