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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 1:27

DOCUMENT # P94000053459 (1)

1. Corporation Name
SC & BR FLORIDA CORPORATION

Principal Place of Business	Mailing Address
1511 NW 91ST AVE #9-21 CORAL SPRINGS FL 33071	1511 NW 91ST AVE #9-21 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9753 WEST SAMPLE RD.	26 9753 WEST SAMPLE RD.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL.
Zip: 24 33065 Country: 25 U.S.A.	Zip: 29 33065 Country: 30 U.S.A.

4. FEI Number: 65-0505719 ☐ 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

7. This corporation has activity for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONDY, LUIS 1511 NW 91ST AVE #9-21 CORAL SPRINGS FL 33071	81 Name: LUIS BONDY 82 Street Address (P.O. Box Number is Not Acceptable): 9753 WEST SAMPLE RD. 83 84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: _____ 5/25/95
(Signature (print or type name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	BONDY, LUIS	12 NAME		
STREET ADDRESS	1511 NW 91ST AVE #9-21	13 STREET ADDRESS	9753 WEST SAMPLE RD.	
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	CORAL SPRINGS, FL. 33065	
TITLE	DST	21 TITLE		☒ Change ☐ Addition
NAME	BONDY, MIRTHA	22 NAME		
STREET ADDRESS	1511 NW 91ST AVE #9-21	23 STREET ADDRESS	9753 WEST SAMPLE RD.	
CITY ST ZIP	CORAL SPRINGS FL 33071	24 CITY ST ZIP	CORAL SPRINGS, FL 33065	
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	SALAS, LUIS R	32 NAME		
STREET ADDRESS	704 TWIN HILL DR	33 STREET ADDRESS	279 Shadow Mountain, Suite 210	
CITY ST ZIP	ELPASO TX 79912	34 CITY ST ZIP	El Paso, Tx 79912	
TITLE	DV	41 TITLE		☒ Change ☐ Addition
NAME	SALAS, ELSA R	42 NAME		
STREET ADDRESS	704 TWIN HILL DR	43 STREET ADDRESS	279 Shadow Mountain, Suite 210	
CITY ST ZIP	ELPASO TX 79912	44 CITY ST ZIP	El Paso Tx, 79912	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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: _____ 5/25/95 305-755 9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

011695 CP