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 FEB 13 PM 2:36

DOCUMENT # P94000055140 (5)

1. Corporation Name
NO NAME, INC.

Principal Place of Business	Mailing Address
2 S BISCAYNE BLVD SUITE 3700 MIAMI FL 33131	2 S BISCAYNE BLVD SUITE 3780 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3119 Commodore Plaza	26 3119 Commodore Plaza
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Coconut Grove, FL	28 City & State: Coconut Grove, FL
24 Zip: 33133 25 Country: USA	29 Zip: 33133 30 Country: USA

4. FEI Number: 65-0511349 ☐ 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

MACDANIEL, JOHN M
TWO S BISCAYNE BLVD SUITE 3780
ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: John M. MacDaniel, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd., # 2975
83
84 City: Miami FL 85 Zip Code: 33131

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] DATE: 2-7-95
Signature, 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	D	1.1 TITLE	President ☒ Change ☐ Addition
NAME	NAURAIS, JEAN V	1.2 NAME	Jean V. Naurais
STREET ADDRESS	2 S BISCAYNE BLVD SUITE 3780	1.3 STREET ADDRESS	3119 Commodore Plaza
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE		2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		2.2 NAME	Patrick Riffault
STREET ADDRESS		2.3 STREET ADDRESS	3119 Commodore Plaza
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: X [signature] X 2-7-95 X 305-567-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0120109 CP