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 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057858 (0)**

1. Corporation Name
SOUTH BEACH SOLUTIONS INC.

Principal Place of Business
1521 EUCLID AVENUE STE. 1
MIAMI BEACH FL 33139

Mailing Address
1521 EUCLID AVENUE STE. 1
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 320 NEWFOUND HARBOR DR
22: Suite, Apt. # or P.O. Box
23: City & State: MERRITT ISLAND, FL
24: Zip: 32952 25: County: USA

2a. Mailing Address
26: 19 W 69th ST
27: Suite, Apt. # or P.O. Box: SUITE 901
28: City & State: NY, NY
29: Zip: 10023 30: County: USA

4. FEI Number: 65-0511638 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, KEITH
1521 EUCLID AVENUE STE. 1
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: BECKI FLOYD
82 Street Address (P.O. Box Number is Not Acceptable): 320 NEWFOUND HARBOR DR
83:
84 City: MERRITT ISLAND FL 85 Zip Code: 32952

11. Pursuant to the provisions of Section 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: Becki Floyd — BECKI FLOYD (Name of New Registered Agent, typed or printed) — DATE: 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE: PRESIDENT 12 NAME: ELIZABETH EDWARDS 13 STREET ADDRESS: 19 W. 69th St Ste. 901 14 CITY-ST-ZIP: NY, NY 10023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE: VICE PRESIDENTS 22 NAME: KEITH EDWARDS 23 STREET ADDRESS: 19 W. 69th St. Ste 901 24 CITY-ST-ZIP: NY, NY 10023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth Edwards — ELIZABETH EDWARDS (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Apr 27, 95 — 212-580-6094 (Daytime Phone)

0140440 CP