SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000058143 (6)

1. Corporation Name
NORTH CENTRAL SOUTH AMERICA INCORPORATED

Principal Place of Business
6691 SW 137TH COURT-A
MIAMI FL 33183

Mailing Address
6691 SW 137TH COURT-A
MIAMI FL 33183

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6671 SW 137 Ct -D
Suite, Apt. #, etc. 22
City & State 23 MIAMI FL
Zip 24 33183 25

2a. Mailing Address
26 6671 SW 137 Ct -D
Suite, Apt. #, etc. 27
City & State 28 MIAMI FL
Zip 29 33183 30

4. FEI Number: 65-0512715 — Applied For / Not Applicable

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

6. ☐ — $5.00 May Be Added to Fees

8. Is the corporation a Florida Qualified Electronic Address under s. 120.555, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CHRISTIAN, ANA M
6691 SW 137TH COURT-A
MIAMI FL 33183

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 607.0505 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 of Registered Agent or Registered Agent's Authorized Representative — If Registered Agent is a Business Entity, Signature of Registered Agent's Authorized Representative — DATE

12. OFFICERS AND DIRECTORS

Title	Name	Address
PD	CHRISTIAN, ANA M	6691 SW 137TH COURT-A MIAMI FL 33183

13. ☐ Change ☐ Add/Delete

14. I hereby certify that the information supplied with this report is accurate, complete and does not omit, for the purposes stated in Section 607.0505, Florida Statutes, of other facts that would make the information stated or omitted in this annual report or its supplemental annual report, in the light of the circumstances under which the statements were made, misleading. I further certify that I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is attached with an addition.

SIGNATURE: Ana Christian — ANA CHRISTIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/95 — Date
382-6912 — Daytime Phone

CR2E034 (3/95)

0064761 CP