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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:44

DOCUMENT # **P94000059409 (0)**

1 Current Name:
MARDREW CORPORATION ✓

Principal Place of Business:
11477 SW 84TH LN
MIAMI FL 33173

Mailing Address:
~~11477 SW 84TH LN~~
~~MIAMI FL 33173~~

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 08/11/1994
3a Date of Last Report:

21 2. Principal Place of Business
26 2a. Mailing Address: 7930 NW 36 St
4 FEI Number: 65-0514547 — Applied For / Not Applicable

22 Suite, Apt. # etc.
27 Suite, Apt. # etc.: PO Box 23-188
5 Certificate of Status Desired: ☐ — $8.75 Additional Fee Required

23 City & State
28 City & State: Miami FLA
6 ☐ — $5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip: 33172 30 Country: USA
8 Is this corporation filing pursuant to subsection 607.1105 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOZO, MARIANO
11477 SW 84TH LN
MIAMI FL 33173

10 Name and Address of New Registered Agent

81 Name:
82 Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.1622 and 607.1808 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 (or agent of the corporation) as stated herein. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

Title	DP
Name	MOZO, MARIANO
Address	11477 SW 84TH LN
City-St-Zip	MIAMI FL 33173
Title	VST
Name	MOZO, MARIANO
Address	11477 SW 84TH LN
City-St-Zip	MIAMI FL 33173

13

14. I hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate, and that this filing is made in accordance with applicable law. I further certify that I am familiar with and authorized to execute this report, including any attached additional pages, on behalf of the above entity. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: 06-20 95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN

CR2E034 (3/95)

0069843 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P94000059576 (6)**

1 Corporate Name

BRITTANY MARIE, INC.

N

Principal Place of Business

9455 COLLINS AVE #1005
MIAMI BEACH FL 33154

Mailing Address

9455 COLLINS AVE #1005
MIAMI BEACH FL 33154

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: **08/12/1994**

3a Date of Last Report: /

21 2. Principal Place of Business

26 2a. Mailing Address

4 FEI Number: **650510739** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. # etc.

27 Suite, Apt. # etc.

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

23 City & State

28 City & State

6 ☐ **$5.00** May Be Added to Fees

24 Zip

25 County

29 Zip

30 County

8 This corporation has actually or intends to conduct business under s. 607.0505, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARCIA, WILLIAM
710 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and/or 607.1908, 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(s) 607.0505, Florida Statutes.

SIGNATURE: (Required if this form is being filed separately from the Annual Report) (Registered Agent's signature required for reinstatement) (Date)

12. OFFICERS AND DIRECTORS

13

091	D	P, D	☒ Change ☐ Addition
092	CAMARAZA, MARIA		
093	9455 COLLINS AVE APT 1005		
094	MIAMI BEACH FL 33154		
095	D	S, D	☒ Change ☐ Addition
096	CAMARAZA, JESUS		
097	9455 COLLINS AVE #1005		
098	MIAMI BEACH FL 33154		
099	D	T, D	☒ Change ☐ Addition
100	GUTIERREZ, ROSA		
101	10515 SW 146TH AVE		
102	MIAMI FL 33182	MIAMI, FL. 33186	
103			☐ Change ☐ Addition
104			☐ Change ☐ Addition
105			☐ Change ☐ Addition
106			☐ Change ☐ Addition

14 I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. For profit corporations only: I further certify that the corporation has paid, or will pay, all applicable fees as prescribed by Chapter 607, Florida Statutes. I further certify that the corporation has filed, or is filing concurrently, any and all reports required by Chapter 607, Florida Statutes, and that the name appearing in Block 1 or Block 11 above is identical to that shown on the records of the filing office into which this report is submitted.

SIGNATURE: [signature] 6-12-95 8:04:05 PM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)

0069002 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P94000059744 (0)**

1. Entity Name

AMERICAN SKIN CARE PRODUCTS, INC.

Principal Place of Business

P.O. BOX 1354
CLEARWATER FL 34617-1354

Mailing Address

P.O. BOX 1354
CLEARWATER FL 34617-1354

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

3. Date Incorporated or Qualified: 08/15/1994

3a. Date of Last Report:

4. FEI Number: 59-3261926 — 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. Does corporation owe any delinquent taxes under Florida Statutes: Yes / X No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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 Section 607.0501, 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. The above appointed registered agent is familiar with and accepts the appointment and agrees to comply with the provisions of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

D
HARTZ, JOHN M
514 WINDWARD PASSAGE
CLEARWATER FL 34630

13. ADDITIONAL OFFICERS AND DIRECTORS — Change / Addition

CR2E034 (3/95)

14. I declare, certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall be a representation that the corporation is in compliance with the requirements of the annual report filing provisions of Chapter 607, Florida Statutes, and that, to the best of my knowledge, all fees due from the corporation pursuant to section 607.0122(2) Florida Statutes, will be paid to the Department of State. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in section 817.155, Florida Statutes.

SIGNATURE: J Hartz — 6-20-95 — 813-462-2288

SIGNATURE AND TYPED OR PRINTED NAME OF MAJOR OFFICER OR DIRECTOR

0107690 FP

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

DOCUMENT # P94000060255 (4)

1. Corporate Name

GRANDVIEW, INC.

Principal Place of Business

1717 N BAYSHORE DR
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/16/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0512463

Applied For / Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

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

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Is corporation to be eligible for benefits under Section 631.1911, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARINI, RONALD A
200 S BISCAYNE BLVD
FIRST UNION FINANCIAL CENTER SUITE 4820
MIAMI FL 33131

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 607.0501 and 607.0505, Florida Statutes, the above named corporation submits the statement of the particular of change(s) as 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(s)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D GNASSI, GERALDO 1717 N BAYSHORE DR MIAMI FL 33132	☐ Change ☑ Addition P. JULIE GRIMES 1717 N. BAYSHORE DR MIAMI FL 33132
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete 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 this report is executed in accordance with Section 607.0120(11), Florida Statutes.

SIGNATURE: Julie Grimes JULIE GRIMES 05/25/95 305-530-0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0132003 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $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

N

DOCUMENT # **P94000060535 (9)**

1 Corporate Name

AMEFRA CORP.

Principal Place of Business

1720 SW 30TH AVENUE
MIAMI FL 33145

Mailing Address

1720 SW 30TH AVENUE
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3 Date incorporated or Qualified: **08/17/1994**

3a Date of Last Report:

4 FEI Number: **65-0345619** ☐ Applied For ☐ Not Applicable

5 Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6 ☐ **$5.00** May Be Added to Fees

8 Does corporation own assets in Florida: ☐ Yes ☐ No

21 Principal Place of Business

22 State, Apt. # or Suite

23 City & State

24 Zip | 25 County

26 Mailing Address

27 State, Apt. # or Suite

28 City & State

29 Zip | 30 County

9. Name and Address of Current Registered Agent

GONZALEZ, FRANCISCO D
1720 SW 30TH AVENUE
MIAMI FL 33145

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 Section 607.193, Florida Statutes, the above named corporation submits the 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR(S)

Title	PD
Name	GONZALEZ, FRANCISCO D
Street Address	1720 SW 30TH AVENUE
City-State-Zip	MIAMI FL 33145
Title	STD
Name	GONZALEZ, MARIA A
Street Address	1720 SW 30TH AVENUE
City-State-Zip	MIAMI FL 33145

13

14. I/We hereby certify that the information supplied with this filing is accurate, complete and current; and that I/we have the authority (Section 607.193, Florida Statutes) to sign on behalf of the corporation. I/We further certify that the information indicated on this report or supplemental annual report is true and accurate and that this report, supplemental annual report and fees are filed with the Department of State within the time prescribed by law. I/We understand that pursuant to Section 607.325, Florida Statutes, the signature(s) hereon shall be construed as signature(s) as directors, officers or agents (or a combination thereof), of the corporation for which I/we have executed this report.

SIGNATURE: FRANCISCO D. GONZALEZ 6/19/95 (305)325-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0040324 CP

CR2E034 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000061430 (2)

1. Entity Name

TUPAN, INC.

Principal Place of Business

3444 MAIN HIGHWAY
NO 16-B
MIAMI FL 33133

Mailing Address

%BRUCE JAY TOLAND, ESQUIRE
800 BRICKELL AVE. SUITE 1100
MIAMI FL 33131

(Please Type in This Space)

3. Date Incorporated or Qualified: 08/16/1994

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. # or Bldg.
22 City & State
23 Zip Code
24 County

2a. Mailing Address
26 Suite, Apt. # or Bldg.
27 City & State
28 Zip Code
29 County

4. FEI Number: ☑ 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 qualified for unrigned tax credit under Section 220.183, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TOLAND, BRUCE J
800 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

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 Section 607.0501 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.

(If NAMING ...)

12. OFFICERS AND DIRECTORS

D
MATARANGAS, CHRISTIANE V
800 BRICKELL AVE, SUJITE 1100
MIAMI FL 33131

13. ADDITIONS, CHANGES, TO OFFICERS, AND DIRECTORS

P,S

☐ Change ☑ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that, for profit corporations, the boxes required by Section 607.0501, Florida Statutes, are checked. I further certify that the corporation named herein has paid all fees due to the Department of State for this report and is not in violation of Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an additional name.

SIGNATURE: C.V. Matarangas — 5/23/95 — 443-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christiane V. Matarangas

0130000 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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

FILED

DOCUMENT # P94000061579 (6)

1. Corporation Name

3'S COMPANY, INC.

Principal Place of Business: ~~601 S OCEAN DR HOLLYWOOD FL 33019~~

Mailing Address: ~~601 S OCEAN DR HOLLYWOOD FL 33019~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 242 East Dania Beach Blvd	26 242 East Dania Beach Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dania Florida	28 City & State: Dania Florida
24 Zip: 33004 — 25 Country: Broward	29 Zip: 33004 — 30 Country: Broward

4. FEI Number: 65-0516873 — Applied For / Not Applicable

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

6. ☐ — **$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

MILLER, RONALD L
~~601 S OCEAN DR~~
~~HOLLYWOOD FL 33019~~

10. Name and Address of New Registered Agent

81 Name: Miller Ronald L
82 Street Address (P.O. Box Number is Not Acceptable): 3440 Hollywood Blvd
83 Suite 320
84 City: Hollywood Florida FL — 85 Zip Code: 33021

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DE FRANCISCI, PAOLO	NAME	
STREET ADDRESS	414 SE 11TH TER	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33024	CITY-ST-ZIP	
TITLE	D	TITLE	D ☑ Change ☐ Addition
NAME	~~FISCHER, MARIE J~~	NAME	Ronald L. Miller
STREET ADDRESS	~~8850 SW 24TH PL~~	STREET ADDRESS	3440 Hollywood Blvd, Suite 320
CITY-ST-ZIP	~~MIRAMAR FL 33025~~	CITY-ST-ZIP	Hollywood Florida 33021
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (3/95)

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: [signature], PRES. — 6-19-95 — Daytime Phone: 1305 921-4970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Paolo De Francisci

0030620 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 6-22-95 B - 74977 C

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000061604 (2)

1. Entity Name

DORAL PAINT & BODY SHOP INC.

Principal Place of Business

1002 E. 29 STREET
HIALEAH FL 33013

Mailing Address

1002 E. 29 STREET
HIALEAH FL 33013

(Name Address in this Space)

3. Date Re-organized or Qualified: 08/22/1994

3a. Date of Last Report:

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: 65-0471837 — Applied For / Not Applicable

22 Suite, Apt. # or Bldg.

27 Suite, Apt. # or Bldg.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has elected to be governed by Chapter 607 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVA, ARCADIO
1002 E. 29 STREET
HIALEAH FL 33013

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 Section 607.0502 and 607.1008 Florida Statutes, the above named corporation submits the 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 duties of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	PSD
Name	SILVA, ARCADIO
Address	161 E. 36 STREET
City-St-Zip	HIALEAH FL 33013

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Address
City-St-Zip

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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, for profit corporations only, the filing fee and tax have been paid; (Dissolution/Withdrawal is effective only if all applicable taxes and fees are paid); and that this report complies with the applicable requirements of Section 607.1622 Florida Statutes.

SIGNATURE: a arcadio silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0002018 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P94000061639 (8)**

1. Entity Name

STARBARS, INC.

Principal Place of Business	Mailing Address
~~3300 NE 192ND STREET BAY CLUB 1 APT. 808~~ ~~AVENTURA FL 33180~~	~~3300 NE 192ND STREET BAY CLUB 1 APT. 808~~ ~~AVENTURA FL 33180~~

(Document Number of Corporation)

3. Date Incorporated/Qualified: 08/22/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1360 Collins Ave.	26 Same.
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
23 Miami Beach, FL	City, State 28
24 33139 25 USA	29 30

4. FEI Number: ~~65055-0797~~ Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Candidates ☐ — $5.00 May Be Added to Fees

8. The corporation has elected, or intends to be under Section 1244 of the Internal Revenue Code? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRANTALIS, DEAN J ESQ. ~~10100 WEST SAMPLE ROAD STE. 302~~ CORAL SPRINGS FL 33065	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): ~~9724~~ 9724 West Sample Road 83 84 City: FL 85 ZIP Code:

11. Pursuant to the provisions of Section 607.1622, 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. The above named corporation has been authorized by the corporation's board of directors to make the changes indicated in this certificate and has authorized the undersigned to execute this certificate.

SIGNATURE: Dean J. Trantalis 6/19/95

12. Officer/Director Name and Address	13. Additional Officer/Director Name and Address
PSTD KUSSMAN, JIM ~~3300 NE 192ND STREET BAY CLUB 1 APT. 808~~ ~~AVENTURA FL 33180~~	X PSTD X Kussman, Jim 1360 Collins Ave Apt 106 Miami Beach FL 33139

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. For qualification purposes, I further certify that the corporation named in this report will maintain a registered office and agent in Florida 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 I am familiar with the facts stated in it. For profit corporations may also include the name of a person or entity who is a holder, beneficial or of record, of at least 5% of each class of stock of the corporation for which there are publicly traded securities.

SIGNATURE: 6-20-95 305 674 7070

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

0430066 FP