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 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060495 (6)**

1. Corporation Name
PETOSA CORP.

Principal Place of Business	Mailing Address
4001 NW 11 STREET #5 MIAMI FL 33126	4001 NW 11 STREET #5 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1710 W. 40 ST.	26 1710 WEST 40 STREET
Suite, Apt. #, etc 22 BAY # 8	Suite, Apt. #, etc 27 BAY # 8
City & State 23 HIALEAH, FL.	City & State 28 HIALEAH, FL
Zip / Country 24 33012 / 25 DADE	Zip / Country 29 33012 / 30 DADE

4. FEI Number: 65-052834 ☐ 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	10. Name and Address of New Registered Agent
CLELAND, WAYNE 4001 NW 11 STREET #5 MIAMI FL 33126	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 607.0502 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: WAYNE CLELAND, S.D. — 4/24/95
Signature, typed or printed name, of registered agent and the date of signature — (NOTE: Registered Agent signature required when mandatory) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	CLELAND, WAYNE	12 NAME	
STREET ADDRESS	4001 NW 11 STREET #5	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HUNTER, KIM	22 NAME	
STREET ADDRESS	8320 NW 8 STREET #114	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HODGSON, WAYNE E	32 NAME	
STREET ADDRESS	530 NE 29 STREET #2	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33137	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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: WAYNE CLELAND S.D. — 4/24/95 — 305-824-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0122020 CP