<u> FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00</u> FLORIDA DEPARTMENT OF STATE GORPORATION Sandra B. Mortham . *TANNUAL REPORT* Secretary of State 1995 **DIVISION OF CORPORATIONS** DOCUMENT # P9400060597 (9) 600001838146 -05/24/96--01028--012 ***225.00 DATA RIBBONS OF FLORIDA, INC. Mailing Address Principal Place of Business 520 BRICKELL KEY DRIVE STE. 0-305 520 BRICKELL KEY-DRIVE OTE. 0-305 FIGURE ODO NOT WRITE IN THIS SPACE. MIAMI FL 30131 1200 S. 13H. Ave WANH FL-80181-1200 5.13H. Ave 3. Date incorporated or Qualified | 3a. Date of Last Report HOLLYWOOD, FL 33019 HOLLY WOOD, FL 33019 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. , Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for in 28 or intangible tax under S. 199.032, res \[\] No 23 Country Country 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 SLOSBERGAS, NELSON 520 BRICKELL KEY DRIVE STE. 0-305 83 **MIAMI FL 33131** Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typind or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Changey , ☐ Addikion 12. 1. 1 TITLE RANCISCONO IRENE D/VP/S/1 trelle Piotour TITLE 1.2 NAME 1200 S. 13th Are. FRANCISCONO, IRENE NAME HOLLY WOOD, FL 33019 1.3 STREET ADDRESS 520 BRICKELL KEY DRIVE STE. 0-305 STREET ADORESS MIAMI FL 83131 1.4 CITY-ST-ZIP ☐ Change ☐ Addition CITY-ST-ZIP 2.1 TITLE HIRELLA PIOYANO TITLE FRANCISCONO, MIRELLA PIOVANO. 22 NAME rovauc 1200 5 13HB AVE NAME 2.3 STREET ADDRESS 520 BRICKELL KEY DRIVE STE. 0-305 STREET ADORESS HOLLY WOOD, FL 24 CITY-ST-ZIP MIAMI FL 83131 Change CITY-ST-ZIP Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP Addition CITY-ST-ZIP 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS

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)(k). 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 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 certify 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITUE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Addition

Addition

Change