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 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064175 (0)

1. Corporation Name

AMERICAN SAVINGS HEART-TO-HEART, INC.

Principal Place of Business	Mailing Address
17801 N.W. 2ND AVENUE MIAMI FL 33169	17801 N.W. 2ND AVENUE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: 65-0517655 ☐ 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

MAHONEY, BARBARA E
17801 N.W. 2ND AVENUE
MIAMI FL 33169

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 607.0502 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
(Signature, type(s) and printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	P	☐ Change ☒ Addition
NAME		12 NAME	CHEN, THOMAS T.	
STREET ADDRESS		13 STREET ADDRESS	17801 N.W. 2nd Ave	
CITY-ST-ZIP		14 CITY-ST-ZIP	MIAMI, FL	
TITLE		21 TITLE	S/D	☐ Change ☒ Addition
NAME		22 NAME	MAHONEY, BARBARA E.	
STREET ADDRESS		23 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL	
TITLE		31 TITLE	VAS	☐ Change ☒ Addition
NAME		32 NAME	WALL, ELEANOR S.	
STREET ADDRESS		33 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	CHRISTOPHER, STEVEN W.	
STREET ADDRESS		43 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	BASS, JOSEPH S.	
STREET ADDRESS		53 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	LaVEVCCHIA, MARILYN M.	
STREET ADDRESS		63 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI, FL	

DP 5/1/95

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: Barbara E. Mahoney 4-17-95 (305)770-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

Barbara E. Mahoney, Secretary — April 17, 1995 — (305) 770-2095

0165265 CP