FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT

1. Corporation Name

P94000066432 (3)

DARWIN INVESTMENTS CORPORATION

Principal Place of Business
10242 NW 47th Street
Sunrise, Fl. 33351
US

Mailing Address
169 E Flagler St. #1527
Miami, Fl. 33131

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21 10198 NW 47th STREET
Suite, Apt. #, etc
22 10198
City & State
23 SUNRISE, FLORIDA
Zip
24 33351
Country
25 USA

2a. Mailing Address
26 P.O. BOX 6308
Suite, Apt. #, etc
27 6308
City & State
28 GREENVILLE, SC.
Zip
29 29607-5308
Country
30 USA

4. FEI Number: 65-0523297 — 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

THOMPSON, DISNEY D
169 E. FLAGLER ST. SUITE 1527
MIAMI, FL. 33131

10. Name and Address of New Registered Agent

81 Name: HUMBERTO R. PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 1456 SPRINGSIDE DRIVE
83
84 City: FT. LAUDERDALE FL
85 Zip Code: 33326

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 [signature] HUMBERTO R. PEREZ 4/17/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	DIAZ, HUMBERTO R.	
STREET ADDRESS	10198 NW 47TH STREET	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	D	☐ DELETE
NAME	PEREZ, HUMBERTO R	
STREET ADDRESS	10198 NW 47th STREET	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	D	☐ DELETE
NAME	RAMIREZ PEREZ, MARIA	
STREET ADDRESS	10198 NW 47TH STREET	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	D	☐ DELETE
NAME	DE RAMIREZ, VERUSHKA	
STREET ADDRESS	10198 NW 47TH STREET	
CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	800001844548	☐ Change ☐ Addition
4.2 NAME	-05/30/96--01056--006	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	5-1-96	
5.4 CITY-ST-ZIP	JR	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 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] HUMBERTO R. PEREZ 4/17/96 (864)277-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #