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 JUN 14 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000069583

1. Corporation Name
SHELTER CONSORTIUM CORPORATION
REF. NUMBER: P94000069583

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: SEPTEMBER 21, 94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 16919 N. BAY RD.	26 16919 N. BAY RD.
22 Suite, Apt #, etc: 705	27 Suite, Apt #, etc: 705
23 City & State: MIAMI BEACH. FL	28 City & State: MIAMI BEACH. FL
24 Zip: 33160 / 25 Country: USA	29 Zip: 33160 / 30 Country: USA

4. FEI Number: 65-0523462 ☐ 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
81 Name: FLORENCIO R. GOMEZ
82 Street Address (P.O. Box Number is Not Acceptable): 16919 N. BAY RD. Suite 705
83
84 City: MIAMI BEACH FL 85 Zip Code: 33160

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] FLORENCIO R. GOMEZ MAY 30, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FLORENCIO R. GOMEZ	12 NAME	FLORENCIO R. GOMEZ	
STREET ADDRESS	16919 N. BAY RD. SUITE 705	13 STREET ADDRESS	16919 N. BAY RD. Suite 705	
CITY ST ZIP	MIAMI BEACH, FL. 33160	14 CITY ST ZIP	MIAMI BEACH. FL 33160	
TITLE	VICE PRESIDENT	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HECTOR R. HURTADO	22 NAME	HECTOR R. HURTADO	
STREET ADDRESS	13337 S.W. 46TH LANE	23 STREET ADDRESS	13337 S.W. 46TH LANE	
CITY ST ZIP	MIAMI, FL 33175	24 CITY ST ZIP	MIAMI FL 33175	
TITLE	SECRETARY	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ELENA FERNANDEZ	32 NAME	ELENA FERNANDEZ	
STREET ADDRESS	1904, 32ND. CT. HOLLYWOOD	33 STREET ADDRESS	1904, 32ND. CT.	
CITY ST ZIP	FLORIDA 33021	34 CITY ST ZIP	HOLLYWOOD, FL 33021	
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)(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] FLORENCIO R. GOMEZ MAY 30, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #