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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:46

DOCUMENT # P94000072326 (9)

1. Corporation Name
FRAMES USA, INC.

Principal Place of Business
2600 DOUGLAS ROAD, STE. 411
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS ROAD, STE. 411
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6822 SW 40 ST	26 6822 SW 40 ST
Suite, Apt. #, etc. 22 MIAMI FL	Suite, Apt. #, etc. 27 MIAMI, FL
City & State 23	City & State 28
Zip 24 33155 / Country 25 USA	Zip 29 33155 / Country 30 USA

4. FEI Number: ~~20-08-4920~~~~52~~ — TAX ID# / (65-0529078 — EIN) ☐ 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

KNECHT, STEPHEN M
2600 DOUGLAS ROAD, STE. 411
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JULIO A. GOMEZ
82 Street Address (P.O. Box Number is Not Acceptable): 6822 SW 40 ST
83
84 City: MIAMI FL 85 Zip Code: 33155

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: JULIO A. GOMEZ, PRESIDENT [signature] 4-7-95
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	D	1.1 TITLE	CHIEF EXECUTIVE OFFICER	☒ Change ☐ Addition
NAME	MOKHER, KEITH	1.2 NAME	KNECHT, STEPHEN M.	
STREET ADDRESS	1540 TREVINO	1.3 STREET ADDRESS	11499-B SW 109 RD	
CITY ST ZIP	CORAL GABLES FL 33134	1.4 CITY ST ZIP	MIAMI, FL. 33176	
TITLE	D	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GOMEZ, JULIO	2.2 NAME	GOMEZ, JULIO A.	
STREET ADDRESS	11499-B SW 109 RD.	2.3 STREET ADDRESS	6822 SW 40 ST	
CITY ST ZIP	MIAMI FL 33176	2.4 CITY ST ZIP	MIAMI, FL 33155	
TITLE	D	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	KNECHT, STEPHEN M	3.2 NAME	MOKHER, KEITH	
STREET ADDRESS	11499-B SSW 109 RD.	3.3 STREET ADDRESS	1540 TREVINO	
CITY ST ZIP	MIAMI FL 33176	3.4 CITY ST ZIP	CORAL GABLES, FL 33134	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 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: JULIO A. GOMEZ, PRESIDENT [signature] 4-7-95 (305)666-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0141714 CP