SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000072507 (4)**

1. Corporation Name
SKAR LTD CORP.

Principal Place of Business	Mailing Address
2872 NW 72ND AVE #102 MIAMI FL 33123	2872 NW 72ND AVE #102 MIAMI FL 33123

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3100 N.W. 72 AV.	2a. Mailing Address 26 3100 N.W. 72 AV.
Suite, Apt. #, etc. 22 128	Suite, Apt. #, etc. 27 128
City & State 23 Miami, FL	City & State 28 Miami FL.
Zip 24 33122 Country 25 U.S.A.	Zip 29 33122 Country 30 U.S.A.

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0523260 ☐ 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

BARRETO, MOISES
2872 NW 72ND AVE #102
MIAMI FL 33123

10. Name and Address of New Registered Agent

81 Name: Moises Barreto
82 Street Address (P.O. Box Number is Not Acceptable): 3100 NW. 72 AV. No. 128
83
84 City: Miami FL 85 Zip Code: 33122

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: Moises Barreto — 7.14.95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BARRETO, MOISES
STREET ADDRESS	% 2872 NW 72ND AVE #102
CITY-ST-ZIP	MIAMI FL 33123
TITLE	DS
NAME	BARRETO, MOEMA
STREET ADDRESS	% 2872 NW 72ND AVE #102
CITY-ST-ZIP	MIAMI FL 33123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE	DP ☒ Change ☐ Addition
12 NAME	Moises BARRETO
13 STREET ADDRESS	3100 N.W. 72 AV. No. 128
14 CITY-ST-ZIP	Miami, FL 33122
21 TITLE	DS ☒ Change ☐ Addition
22 NAME	MOEMA BARRETO
23 STREET ADDRESS	3100 N.W. 72. AV. No 128
24 CITY-ST-ZIP	Miami, FL 33122
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Moema Barreto — 7.14.95 — (305) 591 3152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033480 CP