SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

APPROVED AND FILED
95 JUN 27 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073261 (7)**

1. Corporation Name
A/K/RONA CORPORATION

Principal Place of Business	Mailing Address
~~11632 SW 88TH ST~~ ~~MIAMI FL 33176~~ 2980 Ponce de Leon Blvd Coral Gables, Fl. 33134	~~11632 SW 88TH ST~~ ~~MIAMI FL 33176~~ 2980 Ponce de Leon Blvd Coral Gables, Fl 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 2980 Ponce de Leon Blvd
2a. Mailing Address — 26: SAME
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Coral Gables, Fla.
City & State — 28:
Zip — 24: 33134
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0526163 ☐ 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

FERNANDEZ, RAUL
~~11632 SW 88TH ST~~ 2980 Ponce de Leon Blvd
~~MIAMI FL 33176~~ Coral Gables, Fla 33134

10. Name and Address of New Registered Agent

B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable): 2980 Ponce de Leon Blvd
B3:
B4 City: Coral Gables FL B5 Zip Code: 33134

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] RAUL FERNANDEZ 6/12/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT CARDENAS, JUAN C % ~~11632 SW 88TH ST~~ 2980 Ponce de Leon Blvd ~~MIAMI FL 33176~~ Coral Gables, Fl 33134	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 2980 Ponce de Leon Blvd Coral Gables, Fl 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT FERNANDEZ, RAUL % ~~11632 SW 88TH ST~~ 2980 Ponce de Leon Blvd ~~MIAMI FL 33176~~ Coral Gables, Fl 33134	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 2980 Ponce de Leon Blvd Coral Gables, Fl 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 000001525250 -06/28/95--01020--007 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] RAUL FERNANDEZ 6/12/95 (305) 461-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062143 CP