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 MAR -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076948 (6)

1. Corporation Name
VIRTRAS, INC.

Principal Place of Business	Mailing Address
4399 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	4399 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1600 S Ocean Blvd
Suite, Apt. #, etc. 22 —
City & State 23 POMPANO BEACH
Zip 24 33062 Country 25 BROWARD

2a. Mailing Address
26 1600 S OCEAN BLVD
Suite, Apt. #, etc. 27 —
City & State 28 POMPANO Bch
Zip 29 33062 Country 30 BROWARD

4. FEI Number: 65-0535312 ☐ 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

LYLEN, IAN J ESQ.
1925 BRICKELL AVENUE
SUITE D207
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	TSAKIRIS, DIMITRIOS	1.2 NAME	
STREET ADDRESS	~~517 S.E. 12TH AVENUE~~	(1) 1.3 STREET ADDRESS	317 SE 12 AVE # 2
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TSAKIRIS, KALLIOPI	2.2 NAME	
STREET ADDRESS	~~517 S.E. 12TH AVENUE~~	(2) 2.3 STREET ADDRESS	317 SE 12 AVE # 2
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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)(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: KALLIOPI TSAKIRIS dT Tsakiris
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

Feb 22/95 941-6001
Date Daytime Phone #

0210139 CP