FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000080620 (5)

1\. Corporate Name

ANDREAS INTERNATIONAL OF WPB, INC.

Principal Place of Business	Mailing Address
2359 OAK TREE LANE WEST PALM BEACH FL 33409	2359 OAK TREE LANE WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 11/02/1994

3a. Date of Last Report:

2\. Principal Place of Business 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

4\. FEI Number — ✓ 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

ZARETSKY, LOUIS D
6345 COLLINS AVE.
SUITE 100
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 555 NE 15th Street. Suite 100

83

84 City Miami

85 FL Zip Code 33132

11\. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] — Date: April 6th 1995

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CANIVEL, MARIA O
STREET ADDRESS	2359 OAK TREE LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14\. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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] President — 4/6/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240483 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000082583 (3)

1. Corporation Name

CELLCITY, CORP.

Principal Place of Business

19499 NE 10TH AVE., #301
N. MIAMI BEACH FL 33179

Mailing Address

19499 NE 10TH AVE., #301
N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1994

3a. Date of Last Report:

4. FEI Number: 65-0534168 ☐ 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. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

CUENTRO, KARINA
19499 NE 10TH AVE., #301
N. MIAMI BEACH FL 33179

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.		
TITLE		1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME		1 NAME	KARINA CUEVTRO	
STREET ADDRESS		1 STREET ADDRESS	19499 NE 10TH AVE # 301	
CITY-ST-ZIP		1 CITY-ST-ZIP	N. MIAMI BEACH FL. 33179	
TITLE		2 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		2 STREET ADDRESS		
CITY-ST-ZIP		2 CITY-ST-ZIP		
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 CITY-ST-ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 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, Florida Statutes. I further certify that the information indicated on the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0196842 CP