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

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DIVISION OF CORPOR
95 JUN 19 AM 11

DOCUMENT # P94000080799 (7)

1. Corporation Name
RANA MANUFACTURING CORPORATION

Principal Place of Business	Mailing Address
1400 SUNBANK INTERNATIONAL CTR. ONE SE 3RD AVE. MIAMI FL 33131	1400 SUNBANK INTERNATIONAL CTR. ONE SE 3RD AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9108 N.W. 106 ST	26 9108 NW 106 ST
22 Suite, Apt. #, etc —	27 Suite, Apt. #, etc —
23 City & State MEDLEY, FL.	28 City & State MEDLEY, FL
24 Zip 33178 / 25 County DADE.	29 Zip 33178 / 30 County DADE.

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0532048 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
1400 SUNBANK INTERNATIONAL CTR.
ONE SE 3RD AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ADOLFO DIAZ JR.
82 Street Address (P.O. Box Number is Not Acceptable): 18445 N.W. 62 AVE SUITE #102
83
84 City: MIAMI FL 85 Zip Code: 33015

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] 4/29/95
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	☐ Change ☐ Addition
NAME	DIAZ, ADOLFO JR	1.2 NAME	
STREET ADDRESS	9108 NW 106TH ST	1.3 STREET ADDRESS	
CITY ST ZIP	MEDLEY FL 33178	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
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 [redacted] 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 th[redacted]mation 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 [redacted]cer 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 [redacted] Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/29/95 305 887-4689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131726 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
95 MAY 15 PM 2:07

DOCUMENT # P94000081232 (8)

1. Corporation Name

ADMINISTRATIVE & MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4425 WINDERWOOD CIRCLE ORLANDO FL 32835	4425 WINDERWOOD CIRCLE ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report: 6/13/95

2. Principal Place of Business
21 4425 Winderwood Circle
22 Suite, Apt. #, etc.
23 City & State: Orlando FL
24 Zip: 32835
25 County: USA

2a. Mailing Address
26 4425 Winderwood Circle
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32835
30 Country: Orange

4. FEI Number: 59-3280703 ☐ 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

PUHEK, JOHN M
4425 WINDERWOOD CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: John M. PUHEK
82 Street Address (P.O. Box Number is Not Acceptable): 4425 WINDERWOOD CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32835

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: John M. Puhek John M. Puhek 5/8/95
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	President	11 TITLE	☐ Change ☐ Addition
NAME	John M. Puhek	12 NAME	
STREET ADDRESS	4425 Winderwood Circle	13 STREET ADDRESS	
CITY ST ZIP	Orlando, FL 32835	14 CITY ST ZIP	
TITLE	Vice-President	21 TITLE	☐ Change ☐ Addition
NAME	CARULYN PUHEK	22 NAME	
STREET ADDRESS	4425 Winderwood Circle	23 STREET ADDRESS	
CITY ST ZIP	Orlando, FL 32835	24 CITY ST ZIP	
TITLE	Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	John M. Puhek	32 NAME	
STREET ADDRESS	4425 Winderwood Circle	33 STREET ADDRESS	
CITY ST ZIP	Orlandy, FL 32835	34 CITY ST ZIP	
TITLE	Secretary	41 TITLE	☐ Change ☐ Addition
NAME	Carulyn Puhek	42 NAME	
STREET ADDRESS	4425 Winderwood Circle	43 STREET ADDRESS	
CITY ST ZIP	Orlandy, FL 32835	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: John M. Puhek, President John M. Puhek 5/8/95 407-298-6649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063018 CP