FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED AND FILED

95 APR 27 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081135 (3)

1. Corporate Name
HECDOR, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994

3a. Date of Last Report

2. Principal Place of Business — 21 — Street Apt # etc. — 22 — City & State — 23 — 24 — 25

2a. Mailing Address — 26 — Street Apt # etc. — 27 — City & State — 28 — 29 — 30

4. FEI Number: 65-0535164 — 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. The corporation has total assets in excess of $100,000 under F.S. 607.0501 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, HECTOR
2121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505 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 hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE — Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

Title D
NAME HERNANDEZ, HECTOR
Street Address 2121 PONCE DE LEON BLVD.
City, St, Zip CORAL GABLES FL 33134

Title D
NAME HERNANDEZ, DORIS
Street Address 2121 PONCE DE LEON BLVD.
City, St, Zip CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

900001409869
-05/01/95--01079--015
****200.00 ****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that I have not applied for the exemption stated in Section 11.01(2)(b) Florida Statutes. I further certify that I am aware of the requirement to file a supplemental annual report, that I understand that any supplemental information must be filed within the same period of time as the annual report and that any supplemental information must be in compliance with Section 607.0505 Florida Statutes. I further certify that I am aware of the requirement to file an amended annual report if there are changes to officers or directors reported in the annual report as required by Section 607.0505 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95 — Date

305 461 5919 — Area Code & Daytime Telephone Number

FM 4.27.95

0136088 CP