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 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081313 (6)

1. Corporation Name
TOWER IMPORTS, INC.

Principal Place of Business	Mailing Address
8960 NW 8TH ST SUITE 406 MIAMI FL 33172	8960 NW 8TH ST SUITE 406 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 452534	26 P.O. Box 452534
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Sunrise, FL	City & State 28 Sunrise, FL
Zip 24 33345 / Country 25 USA	Zip 29 33345 / Country 30 USA

4. FEI Number: 65-0531986 ☐ 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

MACDANIEL, JOHN M
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 2975
MIAMI FL 33131

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

TITLE	D
NAME	VERGNIAUD, WALTER C
STREET ADDRESS	8960 NW 8TH ST SUITE 406
CITY-ST-ZIP	MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

11 TITLE	Director
12 NAME	Walter C. Vergniaud
13 STREET ADDRESS	P.O. Box 452534 N/A
14 CITY-ST-ZIP	Sunrise, FL 33345

AJ 3/24

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)(n), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR March 01, 1995 305-462-9550