SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000081426 (6)

1. Corporation Name

SPECIALTY SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
1140 W. 50 ST. SUITE 307 HIALEAH FL 33012	1140 W. 50 ST. SUITE 307 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0533502 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. [illegible] ☐ **$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

~~THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART~~
~~D/B/A AMERILAWYER~~
~~343 ALMERIA AVE.~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: ENRIQUE CASTRO
82 Street Address (P.O. Box Number is Not Acceptable): 6325 NW 113 Terrace
83
84 City: Hialeah FL 85 Zip Code: 33012

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] President ENRIQUE CASTRO 8/1/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTRO, ENRIQUE
STREET ADDRESS	1140 W. 50 ST., SUITE 307
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	Vice President	☐ Change ☒ Addition
2 2 NAME	JACQUELINE CASTRO	
2 3 STREET ADDRESS	1140 W. 50ST. STE 307	
2 4 CITY-ST-ZIP	Hialeah FL. 33012	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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)(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: [signature] President 8/1/95 (305)823-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ENRIQUE CASTRO

CR2E034 (3/95)

0018843 CP