FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000081939 (8)

APPROVED AND FILED

95 MAY 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SMILE CORP.

7481 W OAKLAND PARK BLVD SUITE 308 LAUDERHILL FL 33319	7481 W OAKLAND PARK BLVD SUITE 308 LAUDERHILL FL 33319

3. 11/08/1994

4. FEI Number: 65-0533050

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

8. [X]

9. Name and Address of Current Registered Agent

FRIEDMAN, RONALD R
7301-A W PALMETTO PARK RD
SUITE 204-A
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

84 FL

11.

12. OFFICER/DIRECTOR(S)

D
MEIXNER, MARC
7100 NW 44TH CT
LAUDERHILL FL 33319

D
WEISSMAN, MERYL
9313 CHELSEA DR N
PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

14.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 305-748-5045

0228778 CP

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081999 (2)

1. Corporate Name
EARTHCO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 702285 ST. CLOUD FL 34770	P.O BOX 702285 ST CLOUD FL 34770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:
4. FEI Number: 59-3278062 — 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 liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANLEY, RICHARD D 3501 13 STREET ST. CLOUD FL 34769	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, LILBURN A	1.2 NAME	
STREET ADDRESS	P.O. BOX 702285 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34770	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, DONALD Q	2.2 NAME	
STREET ADDRESS	P.O. BOX 702285 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34770	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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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 or is attached with an address.

SIGNATURE: [signature] 5/18/95 407-891-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483148 FP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

10:15

OF STATE
FLORIDA

DOCUMENT # P94000083003 (1)

1. Corporation Name

DESHIELDS GROUP, INC.

Principal Place of Business: 2728 NW 29TH AVE, BOCA RATON FL 33434

Mailing Address: 2728 NW 29TH AVE, BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:

4. FEI Number: 65-0538473 — 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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STINE, DEBORAH
2728 NW 29TH AVE
BOCA RATON FL 33434

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	
TITLE	DT	1 TITLE	[ ] Change [ ] Addition
NAME	STINE, DEBORAH	1 NAME	
STREET ADDRESS	2728 NW 29TH AVE	1 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1 CITY-ST-ZIP	
TITLE	DP	2 TITLE	[ ] Change [ ] Addition
NAME	DESHIELDS, C. STEVEN	2 NAME	
STREET ADDRESS	350 WINDWARD WAY	2 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	2 CITY-ST-ZIP	
TITLE	DS	3 TITLE	[ ] Change [ ] Addition
NAME	DESHIELDS, DAVID E	3 NAME	
STREET ADDRESS	72 SW 9TH TER	3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3 CITY-ST-ZIP	
TITLE	DV	4 TITLE	[ ] Change [ ] Addition
NAME	DESHIELDS, DANIEL E	4 NAME	
STREET ADDRESS	749 ELM TREE LN	4 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	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(3)(i), 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: Deborah D. Stine   May 15, 1995   (407) 487-0918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah D. Stine

0262960 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **P94000083366 (2)**

1. Current Name

VGS SYSTEMS ENGINEERING USA, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business

215 N EOLA DR
ORLANDO FL 32801

Mailing Address

215 N EOLA DR
ORLANDO FL 32801

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: **11/15/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3312742** — Applied For / Not Applicable

Suite, Apt. # — 22

Suite, Apt. # — 27

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

ZIP — 24 — County — 25

ZIP — 29 — County — 30

8. This corporation has activity for intangible tax under S. 199.052, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMMONS, CLEATOUS J
215 N EOLA DR
ORLANDO FL 32801

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 Section 140.05(2) and/or 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/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (if any)
01 Title	D	☐ Change ☐ Addition
02 Name	MORO, PAOLO	
03 Street Address	45 MARESFIELD GARDENS	
04 City-State-Zip	HAMPSTEAD NW3 5TE ENGLAND	
05 Title	D	☐ Change ☐ Addition
06 Name	GANNA, RODOLFO	
07 Street Address	VIA TARVISIO 7	
08 City-State-Zip	MILANO ITALY	
09 Title		☐ Change ☐ Addition
10 Name		
11 Street Address		
12 City-State-Zip		
13 Title		☐ Change ☐ Addition
14 Name		
15 Street Address		
16 City-State-Zip		
17 Title		☐ Change ☐ Addition
18 Name		
19 Street Address		
20 City-State-Zip		
21 Title		☐ Change ☐ Addition
22 Name		
23 Street Address		
24 City-State-Zip		

14. I hereby certify that the information supplied with this filing is complete, accurate and true and that I am duly authorized to execute this report. 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 1, 2, or Block 12 or 13 above with an address.

SIGNATURE: Paolo Moro, Director — 5/17/95 — (407) 843-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082778 CP