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

DOCUMENT # P94000083072 (6)

1. Corporation Name

CORAL RIDGE AVIARY, INC.

Principal Place of Business: 1900 GLADES RD. SUITE 355, BOCA RATON FL 33431

Mailing Address: 1900 GLADES RD. SUITE 355, BOCA RATON FL 33431

500001499045
-05/25/95--01036--001
***3130.00 ***200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994

3a. Date of Last Report:

4. FEI Number: 65-0536631 ☐ Applied For ☐ Not Applicable

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

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

SCIARRETTA, STEVEN A
1900 GLADES RD, SUITE 355
BOCA RATON FL 33431

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SCIARRETTA, STEVEN A
STREET ADDRESS: 1900 GLADES RD, SUITE 355
CITY-ST-ZIP: BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
Virginia F. Thompson
~~1170 N. Federal Hwy. No. 211~~ 3011 NE 39 STREET
Fort Lauderdale, FL 33308

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

RECEIPTED BY MAY 1

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: Virginia F Thompson 3/6/95 305-566-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0257281 CP

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

APPROVED
MAY
1995

DOCUMENT # P94000083928

500001504305
-06/02/95--01022--009
****200.00 ****200.00

1. Current Name: S/HOMER SHABBES Employment INC

Mailing Address: 6401 N Bay Road, Miami Beach, Florida 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: NOV 14 1994

3a. Date of Last Report:

2. Principal Place of Business
21. 6401 N. Bay Road
Suite, Apt. #, etc.:
22.
City & State: 23. Miami Beach, Florida
24. 33141 25. USA

2a. Mailing Address
26. 6401 N Bay Road
Suite, Apt. #, etc.:
27.
City & State: 28. Miami Beach, Florida
29. 33141 30. USA

4. FEI Number: ☐ 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

7. Is this corporation owned by a corporation organized under a foreign law? Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MARILYN S BARON
11615 N [redacted] & 21ST DRIVE
NORTH [redacted] MIAMI, FLORIDA 33181

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 607.0502 and 607.1005 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 (If changing Registered Agent, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
MARYLIN S BARON (DIRECTOR)
6401 N BAY ROAD
MIAMI BEACH, FLORIDA, 33141

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
RONALD I BARON (DIRECTOR)
6401 N Bay Road
Miami Beach, Florida, 33141

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

REMITTED BY MAY 1

☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: Ronald I Baron RONALD I BARON (DIRECTOR) 305-864-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (Area Code and Daytime Telephone Number)