

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

COMM. CO. 11/17/20

RECEIVED
11/17/20

DOCUMENT # P94000084432 (1)

1. Corporation Name:

E.V.A. FASHIONS CORPORATION

DO NOT WRITE IN THIS SPACE

Previous Principal Office: 7760 WEST 20TH AVENUE #23 HIALEAH FL 33016		Mailing Address: 7760 WEST 20TH AVENUE #23 HIALEAH FL 33016		3. Date Incorporated or Received: 11/18/1994		3a. Date of Last Report:	
2. Existing Report of Officers: 21		2a. Mailing Address: 26		4. Filing Number: 65-0543835		Applied For: Not Applicable	
22. Date of Report:		27. Date of Report:		5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required	
23. City & State:		28. City & State:		6. Election Campaign Financing: Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
24. Zip:		29. Zip:		8. This Corporation has liability for infraction tax under 5-199.032 Florida Statutes: ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent: RODRIGUEZ, VIVANA 7760 WEST 20TH AVENUE #23 HIALEAH FL 33016				10. Name and Address of New Registered Agent:			
				81. Name:			
				82. Street Address if C. Box Number is Not Acceptable:			
				83.			
				84. City:			
				FL 85. Zip Code:			

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 therefore able and accept the obligation of Section 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IF 12:	
NAME	PD RODRIGUEZ, VIVANA 3375 WEST 76TH ST. #239 HIALEAH FL 33016	NAME	☐ Change ☐ Addition
STREET ADDRESS	VD RODRIGUEZ, FRANCISCO A 3375 WEST 76TH ST. #239 HIALEAH FL 33016	STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	SD RODRIGUEZ, EDWIN 3375 WEST 76TH ST. #239 HIALEAH FL 33016	CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 319.02(1)(b), Florida Statutes. I further certify that the information declared 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 this corporation or the receiver or trustee empowered to run into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *Edwin Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/26/95 (305) 856-2266

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084448 (7)

CORAL WAY MEDICAL CLINIC, INC.

Principal Place of Business

8820 CORAL WAY
MIAMI FL 33165

Mail Stop Address

8820 CORAL WAY
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Filing Date of Report 11/18/1994
3b. Filing Date Required

4. Filing Number 65-0540050
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. 194 (13), Florida Statutes. [] Yes [X] No

2. Filing Date of Report

21. Filing Date of Report

22. Filing Date of Report

23. Filing Date of Report

24. Filing Date of Report

25. Filing Date of Report

26. Filing Date of Report

27. Filing Date of Report

28. Filing Date of Report

29. Filing Date of Report

30. Filing Date of Report

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMONA, EMERSON
8820 CORAL WAY
MIAMI FL 33165

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 furnished with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

By _____, Secretary or Treasurer, if registered agent is not a corporate officer.

By _____, duly sworn Registered Agent, if registered agent is not a corporate officer.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. NAME: PD RIBAS, ARMANDO
2. STREET ADDRESS: 8820 CORAL WAY
3. CITY, ST., ZIP: MIAMI FL 33165
4. NAME: VD CARMONA, EMERSON
5. STREET ADDRESS: 8820 CORAL WAY
6. CITY, ST., ZIP: MIAMI FL 33165
7. NAME: _____
8. STREET ADDRESS: _____
9. CITY, ST., ZIP: _____
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, ST., ZIP: _____
13. NAME: _____
14. STREET ADDRESS: _____
15. CITY, ST., ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: _____
2. STREET ADDRESS: _____
3. CITY, ST., ZIP: _____
4. NAME: _____
5. STREET ADDRESS: _____
6. CITY, ST., ZIP: _____
7. NAME: _____
8. STREET ADDRESS: _____
9. CITY, ST., ZIP: _____
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, ST., ZIP: _____
13. NAME: _____
14. STREET ADDRESS: _____
15. CITY, ST., ZIP: _____

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(3)(b), Florida Statutes. I further certify that the information included on this Florida 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 its manager 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

(305) 552-1231

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BANKING DIVISION
CORPORATION DIVISION
CORPORATION DIVISION

DOCUMENT # P94000084807 (4)

1. Corporation Name

MARIO'S DEVELOPMENT CORPORATION

2. Principal Office Address

**1051 W 29TH ST
HIALEAH FL 33012**

2a. Mailing Address

**1051 W 29TH ST
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

11/21/1994

3a. Date of Last Report

4. FEI Number
65-0580027

Applied For
Not Applicable

5. Certificate of Status Located

☐ **\$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 nonpayment for under 100% of
Florida Statute. ☐ Yes ☒ No

2. Other Particular Information

21

2a. Mailing Address

26

State of Florida

State of Florida

City & State

City & State

23

28

City & State

City & State

24

25

29

30

9. Name and Address of Current Registered Agent

**GONZALEZ, RICHARD
1051 W 29TH ST
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2), 607.01(3), and 607.01(4) Florida Statutes, this 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICE REVENUE AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICE REVENUE AND DIRECTORS

NAME	DPT GONZALEZ, MARIO L
STREET ADDRESS	1051 W 29TH ST HIALEAH FL 33012
CITY & STATE	DVS GONZALEZ, LUIS M
STREET ADDRESS	1051 W 29TH ST HIALEAH FL 33012
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
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NAME		☐ Change ☐ Addition
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NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information included 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 changed or corrected attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
President. 1/14/95

365-884906
Filing Fee

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

RECEIVED MAY 15 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084986 (6)

1. Corporation Name

A. WISER TRANSPORTATION, INC.

Principal Office Address
**346 S.E. 5TH AVENUE
DELRAY BEACH FL 33483**

Mailng Address
**346 S.E. 5TH AVENUE
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report N/A
4. FCI Number 65-0537853	Applied For Not Applicable
5. Certificate of Status Requested ☐	\$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. 193(1)(c), Florida Statutes. ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**WISER, ROBERT
346 S.E. 5TH AVENUE
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of (registered) agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the disposition of, Sections 607.04(1) and 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent

Signature of Registered Agent or Designated Agent

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PSTD WISER, ROBERT 346 S.E. 5TH AVENUE DELRAY BEACH FL 33483	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. NAME	
NAME	VD WISER, DIANE 346 S.E. 5TH AVENUE DELRAY BEACH FL 33483	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY & STATE		6. NAME	
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY & STATE		9. NAME	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY & STATE		18. NAME	
NAME		19. NAME	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	
CITY & STATE		21. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193(1)(c), Florida Statutes. I further certify that the information is true and correct 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 the names appearing in Block 12 are the names of the officers or directors of the corporation as of the date of filing.

SIGNATURE:

Robert Wiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE WISER

11/16/95 7:37-0926
(Date)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ARTICLES OF INCORPORATION

1995



OFFICE OF THE SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32304-0001

DOCUMENT # P94000085233 (2)

YES HOLDINGS, INC.

Principal Office Address
1085 TWIN OAKS CIRCLE
OVIEDO FL 32765

Mailing Address
1085 TWIN OAKS CIRCLE
OVIEDO FL 32765

3. (Date for preparation of report)		3a. Date of Last Report	
11/22/1994			
2. (Filing Fee)	2b. Mailing Address	4. (Filing Fee)	Applied For
21	26	59-3283872	Not Applicable
22. (Filing Fee)	27. (Filing Fee)	5. Certificate of Status (Required)	\$8.75 Additional Fee Required
23. (Filing Fee)	28. (Filing Fee)	6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
24. (Filing Fee)	29. (Filing Fee)	30. (Filing Fee)	8. (Filing Fee)

MARKS, ROBERT O
200 E. ROBINSON STREET
SUITE 865
ORLANDO FL 32801

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

11. For each of the provisions of Sections 607.01, 607.02, and 607.03, 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 hereby authorized to accept the appointment as registered agent for the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
1. NAME	1. STREET ADDRESS	P, T PASQUALE M. FIORENTINO	1085 TWIN OAKS CR. OVIEDO, FL 32765
2. NAME	2. STREET ADDRESS	V DELBERT G. LITTLE	1307 LAKE WILLISARA CR. ORLANDO, FL 32806
3. NAME	3. STREET ADDRESS		
4. NAME	4. STREET ADDRESS		
5. NAME	5. STREET ADDRESS		
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17. NAME	17. STREET ADDRESS		
18. NAME	18. STREET ADDRESS		
19. NAME	19. STREET ADDRESS		
20. NAME	20. STREET ADDRESS		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and is correct 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 registered agent or both represented to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. If I am changed, or am an attorney with an address.

SIGNATURE: *Pasquale M. Fiorentino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95 407-359-1267

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MONTAGNA
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

RECEIVED
MAY 10 1995

DOCUMENT # **P94000085251 (4)**

PEACHES & CREAM INC.

50 MAY 22 1995

REC'D MAY 11 1995
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation 16049 TAMPA PALM BLVD. TAMPA FL 33647		2a. Mailing Address 16049 TAMPA PALM BLVD TAMPA FL 33647		3. Date of Report 11/18/1994		3a. Date of Last Report	
2. Filing Officer's Name 21		2a. Mailing Address 26		4. Filing Officer's Name 59-3277136		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent LAWLIS, GERARD R 16049 TAMPA PALM BLVD. TAMPA FL 33647				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. I, the undersigned, being a resident of this state, do hereby certify that the above named corporation has duly complied with the provisions of Chapter 190, Florida Statutes, and that the corporation is duly organized and in good standing under the laws of this state.							
SIGNATURE							
12. OFFICERS AND DIRECTORS							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)							
14. NAME							
15. STREET ADDRESS							
16. CITY							
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE: 904-413-1000

APPROVED
FILED

11/21/1994

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085592 (1)**

1. Corporation Name

SUNCOAST PATHOLOGY, INC.

2. Principal Office of Corporation
**404 BAHAMA ST
VENICE FL 34285**

3. Mailing Address

**404 BAHAMA ST
VENICE FL 34285**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in State
11/21/1994

3a. Date of Last Report

2. Principal Office of Corporation

21 403 S. TAMiami TRAIL

2a. Mailing Address

26 403 S. TAMiami TRAIL

4. FID Number

65-0541347

Applied Fee

Not Applicable

State Agent

State Agent

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. The corporation has liability for multiple tax under S. 192(1)(b)

8. The corporation has liability for multiple tax under S. 192(1)(b)
Florida Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CLARK, JAMES C
1800 SECOND ST
SUITE 758
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

**81 Name ROBERT W DEIN M.D.
82 Street Address (P.O. Box Number, Not Acceptable)
308 N NASSAU ST
83
84 City VENICE FL 85 Zip Code 34285**

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the 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

SIGNATURE **Robert W Dein M.D.**

ROBERT W DEIN M.D.

5-1695

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 NAME DEIN, ROBERT W
2 STREET ADDRESS 404 BAHAMA ST
3 CITY VENICE FL 34285**

**1 NAME ROTH, WILLIAM G
2 STREET ADDRESS 404 BAHAMA ST
3 CITY VENICE FL 34285**

**1 NAME P
2 STREET ADDRESS 403 S. TAMiami TRAIL
3 CITY VENICE FL 34285**

**1 NAME S/P
2 STREET ADDRESS 403 S. TAMiami TRAIL
3 CITY VENICE FL 34285**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made personally by the officer or director of the corporation or the registered agent engaged to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert W Dein M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

(813) 483-3319

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATE FILINGS

APPROVED
AND
FILED

DOCUMENT # P94000086202 (6)

RD & MP ENTERPRISES, INC.

MAY 22 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 915 MIDDLE RIVER DR. SUITE 318 FT LAUDERDALE FL 33304		2a. Mailing Address 915 MIDDLE RIVER DR. SUITE 318 FT LAUDERDALE FL 33304		3. Date of Report 11/29/1994		3a. Date of Last Report	
2. Principal Officer or Director 21. Name: Michael Paul Shienvold	2b. Mailing Address 26. Name: Michael Paul Shienvold	4. FID Number 65-0540483		Applied For Not Applicable		5. Certificate of Status (Deposit) ☐ \$8.75 Additional Fee Required	
22. Date: April 1995	27. Date: April 1995	5. Certificate of Status (Deposit) ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under 5-100100, Florida Statutes. ☐ Yes ☐ No	
23. City & State	28. City & State	24. City		25. State		29. City	
30. State		31. City		32. State		33. City	

9. Name and Address of Current Registered Agent FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311				10. Name and Address of New Registered Agent			
B1. Name: Michael Paul Shienvold				B2. Street Address (P.O. Box Number is Not Acceptable) 915 Middle River Drive			
B3. Suite 318				B4. City: Fort Lauderdale FL 33304			

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the liability of Sections 607.04(1) Florida Statutes.

SIGNATURE: *Michael Paul Shienvold* (Signature of Registered Agent) *5/15/95* (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME DELIZZA, ROBERT A	1. STREET ADDRESS 915 MIDDLE DRIVE, SUITE 318 FT. LAUDERDALE FL 33304	1. NAME VP MICHAEL PAUL SHIENVOLD	1. STREET ADDRESS 915 Middle River Drive, Suite 318 Ft. Lauderdale FL 33304
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.04(1)(b), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am not an officer or director of the corporation or its parent or affiliate and have no authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing report, or any attachment with an address.

SIGNATURE: *Michael Paul Shienvold*
MICHAEL PAUL SHIENVOLD
8/15/95 501565441