FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 22 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084422 (2)

1. Corporation Name

SOUTH POINT T.V. AND AUDIO MEDIA, INC.

Principal Place of Business	Mailing Address
2960 CORAL WAY MIAMI FL 33145	2960 CORAL WAY MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated / Qualified: 11/16/1994

3a. Date of Last Report:

4. FEI Number: 65-0569237 ☐ 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 [illegible] to change its [illegible] Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BELAUNDE, ALDO 2960 CORAL WAY MIAMI FL 33145	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/or 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	
31 Title	D	41 Title	☐ Change ☐ Addition
32 Name	BELAUNDE, ALDO	42 Name	
33 Street Address	2960 CORAL WAY	43 Street Address	
34 City, St, Zip	MIAMI FL 33145	44 City, St, Zip	
35 Title	D	45 Title	☐ Change ☐ Addition
36 Name	SUAREZ, AMANCIO V	46 Name	
37 Street Address	2960 CORAL WAY	47 Street Address	
38 City, St, Zip	MIAMI FL 33145	48 City, St, Zip	
39 Title	D	49 Title	☐ Change ☐ Addition
40 Name	SUAREZ, AMANCIO J	50 Name	
41 Street Address	2960 CORAL WAY	51 Street Address	
42 City, St, Zip	MIAMI FL 33145	52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City, St, Zip		64 City, St, Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added to the report or on an attachment with an address.

SIGNATURE: [signature] Aldo Belaunde 5/16/95 (305)446-5966

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

0189221 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000084432 (1)

1. Entity Name

E.V.A. FASHIONS CORPORATION

Principal Place of Business

7760 WEST 20TH AVENUE
#23
HIALEAH FL 33016

Mailing Address

7760 WEST 20TH AVENUE
#23
HIALEAH FL 33016

(Document Number of Corporation)

3. Date Incorporated or Qualified: 11/18/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or — 22

Suite, Apt. # or — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: 65-0543835

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 intangibles tax under s. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, VIVIANA
7760 WEST 20TH AVENUE
#23
HIALEAH FL 33016

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 607.1005 or 617.1905, 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. OFFICER AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)
Title	PD	☐ Change ☐ Addition
Name	RODRIGUEZ, VIVIANA	
Street Address	3375 WEST 76TH ST. #239	
City-State-Zip	HIALEAH FL 33016	
Title	VD	☐ Change ☐ Addition
Name	RODRIGUEZ, FRANCISCO A	
Street Address	3375 WEST 76TH ST. #239	
City-State-Zip	HIALEAH FL 33016	
Title	SD	☐ Change ☐ Addition
Name	RODRIGUEZ, EDWIN	
Street Address	3375 WEST 76TH ST. #239	
City-State-Zip	HIALEAH FL 33016	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I 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 above, or on an attachment with an address.

SIGNATURE: Edwin Rodriguez — 4/26/95 — (305)836-2266

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0000703 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000084448 (7)

1. Entity Name
CORAL WAY MEDICAL CLINIC, INC.

Principal Place of Business
8820 CORAL WAY
MIAMI FL 33165

Mailing Address
8820 CORAL WAY
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date of First Report
11/18/1994

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0210050

Applied For
Not Applicable

State Agent Name
22

State Agent Name
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. The corporation has [ ] or is [ ] not [ ] engaged in the business of a public utility as defined in Section 366.02, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CARMONA, EMERSON
8820 CORAL WAY
MIAMI FL 33165

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 607.0505, 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	PD	Title [ ] Change [ ] Addition
Name	RIBAS, ARMANDO	Name
Street Address	8820 CORAL WAY	Street Address
City-State-Zip	MIAMI FL 33165	City-State-Zip
Title	VD	Title [ ] Change [ ] Addition
Name	CARMONA, EMERSON	Name
Street Address	8820 CORAL WAY	Street Address
City-State-Zip	MIAMI FL 33165	City-State-Zip
Title		Title [ ] Change [ ] Addition
Name		Name
Street Address		Street Address
City-State-Zip		City-State-Zip
Title		Title [ ] Change [ ] Addition
Name		Name
Street Address		Street Address
City-State-Zip		City-State-Zip
Title		Title [ ] Change [ ] Addition
Name		Name
Street Address		Street Address
City-State-Zip		City-State-Zip
Title		Title [ ] Change [ ] Addition
Name		Name
Street Address		Street Address
City-State-Zip		City-State-Zip

14. I/We hereby certify that the information supplied with this report 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 above, or on an attachment with an address.

SIGNATURE: 5/4/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) 442-1231
Daytime Phone #

0176497 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED
FILED
95 MAY 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084807 (4)**

1. Corporate Name
MARIO'S DEVELOPMENT CORPORATION

Principal Place of Business
1051 W 29TH ST
HIALEAH FL 33012

Mailing Address
1051 W 29TH ST
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **11/21/1994**
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

State and Zip
22

State and Zip
27

City & State
23

City & State
28

Zip / County
24 / 25

Zip / County
29 / 30

4. FEI Number: **65-0580027**
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 qualifies for eligible to vote (s. 106.087, Florida Statutes): Yes / No

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 Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The 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. OFFICER AND DIRECTOR

Title	DPT
Name	GONZALEZ, MARIO L
Street Address	1051 W 29TH ST
City-State-Zip	HIALEAH FL 33012
Title	DVS
Name	GONZALEZ, LUIS M
Street Address	1051 W 29TH ST
City-State-Zip	HIALEAH FL 33012
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

Change / Addition

Change / Addition

Change / Addition

Change / Addition

Change / Addition

Change / Addition

14. To the best of my knowledge and belief, the information supplied with this report is true, complete 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 report or supplemental report is true and complete 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, with an asterisk, or otherwise indicated as such for mailing purposes.

SIGNATURE: [signature] Richard G. 1/14/95 305-887-9016
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0080840 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 # **P94000084986 (6)**

1. Corporate Name

A. WISER TRANSPORTATION, INC.

Principal Place of Business: 346 S.E. 5TH AVENUE, DELRAY BEACH FL 33483

Mailing 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. FEI Number: 65-0531853 — ☐ 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

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

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
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

Field	Officer 1	Officer 2
TITLE	PSTD	VD
NAME	WISER, ROBERT	WISER, DIANE
STREET ADDRESS	346 S.E. 5TH AVENUE	346 S.E. 5TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL 33483	DELRAY BEACH FL 33483

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

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 the 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: Diane Wiser — DIANE WISER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/95 — Daytime Phone #: (407) 737-0926

0277185 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # **P94000085233 (2)**

1. **YES HOLDINGS, INC.**

Principal Place of Business	Mailing Address
1085 TWIN OAKS CIRCLE OVIEDO FL 32765	1085 TWIN OAKS CIRCLE OVIEDO FL 32765

3. Date of Incorporation (Quarter): 11/22/1994

3a. Date of Last Report:

4. FEI Number: 59-3283872 — 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 a limited partnership as defined in s. 620.103, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARKS, ROBERT O 200 E. ROBINSON STREET SUITE 665 ORLANDO FL 32801	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 607.0505, 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. The corporation is aware that any change will authorize the corporation's board of directors, if they so choose, to change its registered office or registered agent, or both, without notifying shareholders. The corporation is aware that any change will require compliance with sections 607.0501 and 607.0505, Florida Statutes.

AUTHORIZED

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS/CHANGES TO OFFICER AND/OR DIRECTOR
Title NAME Street Address City-St-Zip	☐ Change ☒ Addition P,T PASQUALE M. FIORENTINO 1085 TWIN OAKS CR. OVIEDO, FL 32765
Title NAME Street Address City-St-Zip	☐ Change ☒ Addition V DELBERT G. LITLE 1307 LAKE WILLISARA CR. ORLANDO, FL 32806
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

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature shall serve as satisfaction of those requirements in subsection 607.0502(2), Florida Statutes. I further certify 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 above, or on an attachment with an X in Block 13.

SIGNATURE: Pasquale M. Fiorentino — 3-1-95 — 407-359-1267

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

0043342 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000085251 (4)

PEACHES & CREAM INC.

Principal Address	Mailing Address
16049 TAMPA PALM BLVD. TAMPA FL 33647	16049 TAMPA PALM BLVD. TAMPA FL 33647

3. Date of Principal Activities: 11/18/1994
3a. Date of Last Report:

2. FEI Number (21): 59-3277136
2a. Mailing Address (26):
4. FEI Number: Applied For / Not Applicable

22. Suite, Apt. #:
27. Suite, Apt. #:
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. [ ] 25. [ ] 29. [ ] 30. [ ]
8. This corporation has only the following subscribers (check one): Florida Securities: [X] Yes [ ] No

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 Numbers Not Acceptable):
83.
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Section 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

D
LAWLIS, GERARD R
16049 TAMPA PALM BLVD.
TAMPA FL 33647

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named on this annual report or supplemental annual report 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 my name appears in Block 12 or Block 13 if changed or added by an amendment with an address.

SIGNATURE: Gerard R Lawlis 5/13/95 813-977-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0304481 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # P94000085592 (1)

SUNCOAST PATHOLOGY, INC.

APPROVED
AND
FILED

95 MAY 10 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
404 BAHAMA ST VENICE FL 34285	404 BAHAMA ST VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 11/21/1994

3a. Date of Last Report:

2. Principal Place of Business
21 403 S. TAMIAMI TRAIL
Suite, Apt. or Bldg.
22
City & State
23

2a. Mailing Address
26 403 S. TAMIAMI TRAIL
Suite, Apt. or Bldg.
27
City & State
28

4. FEI Number: 65-0541347 — 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. The corporation is subject to chapter 607 of the Florida Statutes. [X] Yes [ ] No

24 25 29 30

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 is Not Acceptable): 309 N NASSAU ST
83
84 City: VENICE FL 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 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. The corporation agrees to notify the Department of any subsequent change in the registered office or registered agent, as required by Section 607.0502, Florida Statutes.

SIGNATURE(S): 1 Robert W Dein MD — R ROBERT W DEIN M.D. — 5-16-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEIN, ROBERT W
STREET ADDRESS	404 BAHAMA ST
CITY-ST-ZIP	VENICE FL 34285
TITLE	D
NAME	ROTH, WILLIAM G
STREET ADDRESS	404 BAHAMA ST
CITY-ST-ZIP	VENICE FL 34285

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	[X] Change [ ] Addition
NAME		
STREET ADDRESS	403 S. TAMIAMI TRAIL	
CITY-ST-ZIP		
TITLE	S/T	[X] Change [ ] Addition
NAME		
STREET ADDRESS	403 S. TAMIAMI TRAIL	
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the above-named entity qualifies for the annual report or supplemental annual report filing and is not subject to dissolution or administrative revocation by the Department of State for failure to file any report required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 13 if changed or added hereto with my address.

SIGNATURE: Robert W Dein MD — 5/17/95 — (813) 483-3319

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

0494200 FP

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

[illegible] 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086202 (6)

1. Corporation Name

RD & MP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DR. SUITE 318 FT LAUDERDALE FL 33304	915 MIDDLE RIVER DR. SUITE 318 FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:
4. FEI Number: 65-0540483 — 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

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

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERADALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Michael Paul Shienvold
82 Street Address (P.O. Box Number is Not Acceptable): 915 Middle River Drive
83 Suite 318
84 City: Fort Lauderdale FL 85 Zip Code: 33304

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] 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	VP [ ] Change [X] Addition
NAME	DELIZZA, ROBERT A	1 NAME	MICHAEL PAUL SHIENVOLD
STREET ADDRESS	915 MIDDLE DRIVE, SUITE 318	1 STREET ADDRESS	915 Middle River Drive,Suite 318
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1 CITY-ST-ZIP	Ft. Lauderdale FL 33304
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		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 the 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] 5/15/95 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PAUL SHIENVOLD

0212024 CP