* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 15 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: Thimble Trimming, Inc.

DOCUMENT # P94000084960

Mailing Address / Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 6800 S.W. 40 Street Suite, Apt. #, etc. 22 Suite 242 City & State 23 Miami, Florida Zip 24 33155 Country 25 U.S.A.	2a. Principal Place of Business 26 6800 S.W. 40 Street Suite, Apt. #, etc. 27 Suite 242 City & State 28 Miami, Florida Zip 29 33155 Country 30 U.S.A.

3. Date Incorporated or Qualified: 11-21-94
3a. Date of Last Report:
4. FEI Number: 65-0536025 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required XX
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mario Lopez
8365 S.W. 152 Avenue
Miami, Florida 33193

10. Name and Address of New Registered Agent

81 Name: John Miller
82 Street Address (P.O. Box Number is Not Acceptable): 6800 S.W. 40 Street
83 Suite 242
84 City: Miami FL 85 Zip: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: John Miller (Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when mail is mailed) DATE 03-07-95

12. OFFICERS AND DIRECTORS

11 TITLE	P-V-T-S-D-C
12 NAME	Mario Lopez
13 STREET ADDRESS	8365 S.W. 152 Avenue
14 CITY-ST-ZIP	Miami, Florida 33193
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P-V-T-S-D-C
12 NAME	John Miller
13 STREET ADDRESS	6800 S.W. 40 St. Suite 242
14 CITY-ST-ZIP	Miami, Florida 33155
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I (We) 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 (We) have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mario Lopez DATE 3/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR