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

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085581 (4)**

1. Corporation Name
A TOUCH OF CLASS INT'L CORP.

Principal Place of Business	Mailing Address
9375 FONTAINBLEAU BLVD SUITE L229 MIAMI FL 33172	9375 FONTAINBLEAU BLVD SUITE L229 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1994**
3a. Date of Last Report:

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

4. FEI Number: 65-0537342 — 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

9. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J
7270 NW 12TH ST
SUITE 503
MIAMI FL 33126

10. Name and Address of New Registered Agent

01 Name: RAIMUNDO LEVI, CPA
02 Street Address (P.O. Box Number is Not Acceptable): LOPEZ LEVI & ASSOCIATES P.A
03: 815 N.W. 57th AVE # 304
04 City: MIAMI — FL — 05 Zip Code: 33126

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: RAIMUNDO LEVI — DATE: 1-12-95
Signature, typed or printed name of individual and title if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	DPST ☒ Change ☐ Addition
NAME	MARTINEZ, DILIA B M	12 NAME	MARTINEZ, DILIA, BM
STREET ADDRESS	9375 FONTAINBLEAU BLVD SUITE L229	13 STREET ADDRESS	9375 FONTAINBLEAU BLVD. # L229
CITY-ST-ZIP	MIAMI FL 33172	14 CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	~~DV~~	21 TITLE	☐ Change ☐ Addition
NAME	~~GARCIA, ROSARIO J S~~	22 NAME	
STREET ADDRESS	~~9375 FONTAINBLEAU BLVD SUITE L229~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33172~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 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: X [signature] — 1-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

01B5074 CP