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 JAN 18 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086108 (5)

1. Corporation Name
FLORIDA ANNUAL REPORT SERVICES, INC.

Principal Place of Business
1036 SW 1ST ST
MIAMI FL 33130

Mailing Address
1036 SW 1ST ST
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1036 S.W. 1 ST
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23 MIAMI FLA.
City & State: 28
Zip: 24 33130
Country: 25 US
Zip: 29
Country: 30

4. FEI Number: 65-0538204 — 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
LOPEZ, AMADA C
1036 SW 1ST ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: LOPEZ, AMADA CANTERA
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL
85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Amada C. Lopez, Pres. — 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LOPEZ, AMADA C	1.2 NAME	LOPEZ, AMADA CANTERA
STREET ADDRESS	1036 SW 1ST ST	1.3 STREET ADDRESS	1036 S.W. 1ST STREET
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33130
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, VIVIAN	2.2 NAME	700001385007
STREET ADDRESS	1036 SW 1ST ST	2.3 STREET ADDRESS	-01/20/95--01029--008
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Maria Lopez gave authorization by phone
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	on 1/18/95 to add FEI #.
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1/18/95

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)(k), 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 any attachment with an address.

SIGNATURE: PRES/DIREC. — Jan 17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126018 CP