FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-18-95 B 6770 CORPORATIONS C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED 95 MAY 18 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086820 (5)**

1. Corporation Name

ADVANCED INTERNATIONAL SYSTEMS, INC.

Principal Place of Business
19951 NE 36TH PL
N MIAMI BEACH FL 33180

Mailing Address
19951 NE 36TH PL
N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 65-0541356 — 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

YOHROS, DAVID
19951 NE 36TH PL
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	YOHROS, DAVID
STREET ADDRESS	19951 NE 36TH PL
CITY-ST-ZIP	N MIAMI BEACH FL 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

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: DAVID YOHROS 5/12/95 (305) 346-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0430634 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P94000087533 (3)**

1. Corporation Name
MASTER MARBLE, INC.

Principal Place of Business	Mailing Address
13835 SW 139 CT MIAMI FL 33186	13835 SW 139 CT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1994**
3a. Date of Last Report:

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

4. FEI Number: **65-0535965** — 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 is liable for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FIGUEROA, NESTOR JR.
13835 SW 139 CT
MIAMI FL 33186

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 607.1908 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: (X) NESTOR E FIGUEROA — 4-26-95
(Signature of new registered agent, if changed) (Date)

12. OFFICER AND DIRECTOR(S)		13. ADDITION, CHANGE OR DELETION OF OFFICER(S) AND DIRECTOR(S)
01 TITLE	PD	☐ Change ☐ Addition
NAME	FIGUEROA, NESTOR JR.	
STREET ADDRESS	2922 LOUISE ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
02 TITLE	VD	☐ Change ☐ Addition
NAME	FIGUEROA, NESTOR SR.	
STREET ADDRESS	3390 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33145	
03 TITLE	STD	☐ Change ☐ Addition
NAME	FIGUEROA, DAMARYS	
STREET ADDRESS	9820 SW 44 ST	
CITY-ST-ZIP	MIAMI FL 33165	
04 TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
05 TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
06 TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I (We) hereby certify that 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 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 I am aware any false information submitted in a document to the Department of State for filing may result in a fine or imprisonment.

SIGNATURE: (X) NESTOR E FIGUEROA — 4-26-95 — (305) 232-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0202677 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
FILED
95 MAY 12 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P94000087956 (6)**

1. Corporation Name
CYPRESS TOOLS CORPORATION

Principal Place of Business
9445 S.W. 40TH ST.
SUITE 101
MIAMI FL 33165

Mailing Address
9445 S.W. 40TH ST.
SUITE 101
MIAMI FL 33165

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business — 21
Suite, Apt. # or P.O. Box — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 27
City & State — 28
Zip — 29 — County — 30

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report

4. FEI Number: 650085483 — 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/had, for calendar tax year B 1994 Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent

SANCHEZ, EVA
9445 S.W. 40TH ST.
SUITE 101
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, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with and authorized to sign on behalf of the corporation. Each individual designated by this statement as a registered agent has consented to the appointment. (SEE Florida Statutes)

SIGNATURE

12. OFFICER AND/OR DIRECTOR

Title: D
Name: SEOANE, JUAN C
Address: 581 EAST 44TH STREET
City-State-Zip: HIALEAH FL 33313

13. ADDITIONAL OFFICER AND/OR DIRECTOR

14. I hereby certify that the information supplied with this report is accurate and that, not later than the time prescribed by Florida Statutes, I will file with the Department of State any amendment to the information supplied with this report that may be necessary to maintain accuracy. 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 Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Juan C. Seoane — 650-085483
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0197A16 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000088447 (5)

1. Corporate Name

RESTAURANT LIFE CORPORATION

Principal Place of Business	Mailing Address
801 BEECH ST. FERNANDINA BEACH FL 32034	801 BEECH ST. FERNANDINA BEACH FL 32034

(Document Number of This Entry)

3. Date Incorporated or Qualified: 12/06/1994

3a. Date of Last Report:

2. Principal Place of Business — 21 — Suite, Apt. # or Bldg. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. # or Bldg. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: 59-3286156 — 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	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	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 607.1007 and 607.1008, 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 (Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, C)
TYPE: DP NAME: ERICKSON, RICHARD D STREET ADDRESS: 801 BEECH ST. CITY-ST-ZIP: FERNANDINA BEACH FL 32034	☐ Change ☐ Addition
TYPE: DST NAME: BASHORE, ELIZABETH STREET ADDRESS: 801 BEECH ST. CITY-ST-ZIP: FERNANDINA BEACH FL 32034	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is complete, accurate and true and that I am qualified to sign pursuant to Section 607.0505, Florida Statutes. I further certify that the corporation has complied with all applicable requirements relating to the reinstatement of the corporation if the reinstatement is being effected by this filing. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, Florida Statutes.

SIGNATURE: Eliz. Bashore — 5/14/95 — 904 261 4843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Area Code and Daytime Telephone Number)

0003897 CP

E NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088744 (5)

1. Corporate Name

BENZ FRAMING & TRIM, INC.

Principal Place of Business

1018 EAST MICHIGAN AVE.
DUNEDIN FL 34698-5942

Mailing Address

1018 EAST MICHIGAN AVE.
DUNEDIN FL 34698-5942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip 24 County 25

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip 29 County 30

3. Date Incorporated or Qualified: 12/07/1994

3a. Date of Last Report:

4. FEI Number: 59-3288284 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.1508, 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

Title	DPST
Name	BENZ, JERALD A
Street Address	1018 E. MICHIGAN AVE.
City-State-Zip	DUNEDIN FL 34698-5942
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	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITION, CHANGE TO OFFICERS AND/OR DIRECTORS IN 12

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	
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 report 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 report or supplemental annual report is true and accurate and that my signature shall satisfy the requirements of that section. 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 is attached with an address.

SIGNATURE: Jerald A. Benz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95 (813) 734-9869

Date Daytime Phone Number

0368777 CP