**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 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089151 (2)

1. Corporate Name

AURIOLIS-GEMINI, INC.

Principal Address

5722 SOUTH FLAMINGO
#313
COOPER CITY FL 33330

Mailing Address

5722 SOUTH FLAMINGO
#313
COOPER CITY FL 33330

FOR DEPARTMENT USE ONLY

3. Date Incorporated or Qualified: 12/05/1994

3a. Date Filed Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0538536 — Applied For / Not Applicable

22 — 27

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

23 — 28

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

City — County — State — 24 — 25 — 29 — 30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'BRIEN, WILLIAM P
13326 S.W. 26 ST.
DAVIE FL 33325

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 607.0507 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 I accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: William P. O'Brien SECRETARY — 4-28-95
(Signature of a member of the board of directors or a registered agent)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE D<br>NAME O'BRIEN, WILLIAM P<br>ADDRESS 13326 S.W. 26 ST.<br>CITY ST ZIP DAVIE FL 33325 | ☐ Change ☐ Addition |
| TITLE D<br>NAME SANTA MARIA, PAUL J<br>ADDRESS 310 N.E. 99TH ST.<br>CITY ST ZIP MIAMI SHORES FL 33138-2437 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>ADDRESS<br>CITY ST ZIP | ☐ Change ☐ Addition |

14. I hereby certify that the information supplied with this report is complete, accurate and current and that I am duly authorized to execute this report on behalf of the corporation. I further certify that the information contained in this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, and that my signature constitutes the same as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a violation of section 817.155, Florida Statutes.

SIGNATURE: Paul Santa Maria PAUL SANTA MARIA APRIL 27 (305) 751-5501
(SIGNATURE MUST BE MADE BY PRINCIPAL OFFICER OR DIRECTOR)

0238344 CP