FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000002907

1. Corporation Name
MC. GRAWN INTERNATIONAL INC.

Principal Place of Business	Mailing Address
3605 NE 207 St. Suite 4112 Aventura, FL 33180	3605 NE 207 St. Suite 4112 Aventura, FL 33180

2. Principal Place of Business 21 3388 NE 169 Street	2a. Mailing Address 26 3388 NE 169 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. Miami Beach, FL	City & State 28 N. Miami Beach, FL
Zip / Country 24 33160 / 25 USA	Zip / Country 29 33160 / 30 USA

3. Date Incorporated or Qualified: 1/9/95
3a. Date of Last Report:
4. FEI Number: 65-0554653 — ☐ 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
Maria Schwarzer 3605 NE 207 St. Suite 4112 Aventura, FL 33180	81 Name: Liliana Garber 82 Street Address (P.O. Box Number is Not Acceptable): 3388 NE 169 St. 83 84 City: N. Miami Beach FL 85 Zip Code: 33160

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: × [signature] Liliana Garber × 04-29-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D [redacted]Garber, Liliana 11741 Collins Ave., #14 Miami Beach, FL 33160 ☐ DELETE ✓	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3388 NE 169 St. N. Miami Beach, FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schwarzer, Maria E 3605 NE 207 St., #4112 Aventura FL 33180 ☒ DELETE Deceased	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001808099 ☐ Change ☐ Addition -05/06/96--01014--021 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: × [signature] Liliana Garber 04-29-96 × 305-947-5700 ×