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 # P95000015336 (7)

1. Corporation Name
CONTROL CONCEPTS, INC.

Principal Place of Business
P.O. BOX 45-3904
MIAMI FL 33245-3904

Mailing Address
P.O. BOX 45-3904
MIAMI FL 33245-3904

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report:

4. FEI Number: 65-0563567 ☐ 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

2. Principal Place of Business
21 2520 S.W. 22 ST.
Suite, Apt. #, etc.
22 SUITE 2-139
City & State
23 MIAMI, FL
Zip
24 33145
Country
25 USA

2a. Mailing Address
26 2520 SW 22 ST.
Suite, Apt. #, etc.
27 SUITE 2-139
City & State
28 MIAMI, FL
Zip
29 33145
Country
30 USA

9. Name and Address of Current Registered Agent

CAPO, RUBEN
1731 S.W. 30TH AVENUE
MIAMI FL 33145

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 607.0502 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 *Ruben Capo* RUBEN CAPO, PRESIDENT 3-1-96
(Signature, typed or printed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	CAPO, RUBEN	
STREET ADDRESS	P.O. BOX 45-3904	
CITY-ST-ZIP	MIAMI FL 33245-3904	
TITLE	VTD	☐ DELETE
NAME	RODRIGUEZ-MENA, JORGE	
STREET ADDRESS	P.O. BOX 45-3904	
CITY-ST-ZIP	MIAMI FL 33245-3904	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☒ Change ☐ Addition
1.2 NAME	CAPO, RUBEN	
1.3 STREET ADDRESS	2520 S.W. 22 ST. SUITE 2-139	
1.4 CITY-ST-ZIP	MIAMI, FL 33145	
2.1 TITLE	VTD	☒ Change ☐ Addition
2.2 NAME	RODRIGUEZ-MENA, JORGE	
2.3 STREET ADDRESS	2520 S.W. 22 ST. SUITE 2-139	
2.4 CITY-ST-ZIP	MIAMI, FL 33145	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 an attachment with an address.

SIGNATURE: *Ruben Capo* RUBEN CAPO 3-1-96 (305)448-4157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)