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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| DAALI | 1996 | | N OF CORPORATIONS | THE As Andrean | |
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| 1. Corporation | IMENT # P950 RO GENERAL REPAIRS, IN | 00019111 NC. | (O) | | |
| | | | | I HALIAN NE HERA BUM ANN ERK | |
| Principal Plac | e of Business | Mailing Address | | | |
| 2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133 | | 2699 SOUTH BAYSHORE DRIVE SUITE 700 | | | |
| | | MIAMI FL 33133 | | 3. Date Incorporated or Qualified 03/09/1995 | 3a. Date of Last Report |
| 21 | lace of Business | 2a. Mailing Address 26 | | 4. FET Number 65-0575773 | Applied For Not Applicabl |
| Suite, Apt. | | Sulte, Apt. #, etc | 3. | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | 0 | City & State | | Flection Campaign Financing Trust Fund Contribution | Fee Required \$5.00 May Be |
| Zip 4 | Country 25 | Zip 29 | Country 30 | This corporation has liability for in Florida Statutes Yes | ntangible tax under s 199,032, |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Ro | LJ IVO |
| *** | | | 81 Name | | - Siorore Agent |
| CORPC | O, INC. OUTH BAYSHORE DRIVE | | 82 Street Add | Iress (P.O. Box Number is Not Acceptable | e) |
| 7TH FL | OOR DATSHORE DRIVE | | 83 | | |
| MIAMI F | FL 33133 | | *************************************** | Marie a specific delle compression have compression because of the compression of the com | |
| | | | 84 City | | 85 Zip Code |
| or registere | ed agent, or both, in the State of Flor h, and accept the obligations of, Sec | ida. Such change was authe | adversity of the property of t | ration submits this statement for the burb | iOSC Of changing its registered office |
| SIGNATURE | | | orized by the corporation's boartes. | ration submits this statement for the purpard of directors. I hereby accept the appoi | intment as registered agent. I am |
| BIGNATURE | Signature, typico or printed name of registered agen | it a reittle it applicable | (NOTE: Registered Agent signature require | of when roristating) | DATE |
| BIGNATURE | Signature, typico or printed name of registered agen | it a settle ir applicable ID DIRECTORS | (NOTE: Registered Againt signature rog inc | | EATE DERS AND DIRECTORS IN 12 |
| EIGNATURE | Signature, typico or pented name of registered agen OFFICERS AN | nt & Stitle in applicable ND DIRE CTORS DELETE | (NOTE: Registered Agent signature require | of when roristating) | DATE |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO ARANGO. President

Date Daytime Priore #