FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS DOCUMENT # BUJO CORP. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report 6/1/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1805 No 68 AV 21 17400 NEINCH 65-0589437 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be K Houyn Æ Miami 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, 20 Dade 24 Broward 33/62 29 No Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALLEN SHAPPE Street Address (P.O. Box Number is Not Acceptable) 82 83 City Zip Code 33/62 Miami 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 afficiently accept the appointment as registered agent. I am SIGNATURE 4-21-96 Signature Typed or printed ria (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PID 1 1 TIFLE Change Addition NAME Robert Petron 1.2 NAME STREET ADDRESS 8006 SW 29 St 1.3 STREET ADDRESS CITY - ST - ZIP 33328 1.4 CITY - ST - ZIP TITLE 21 HILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - ZIP Title 3 1 DTLF Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 City - \$1 - 2iP TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 2IP 4.4 CITY - ST - ZIP TifLE 5 1 11116 Addition 9<u>0000</u>1843789 NAME 5.2 NAME -05/30/96--01014--032 STREET ADDRESS 5.3.STREET ADDRESS ***200.00 CITY - ST - ZIP 54 CITY ST ZIP TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY - ST - ZIP .64 CITY - ST - 7/P 14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)/k). Florida Statutes | 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 of the exercise empowered to execute this report as required by Chapter 607, Florica Statutes, and that my name appears in Block 12 or Block 13 or applied, of organization with an address

SIGNATURE: