~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996~~
~~AMOUNT DUE ON OR BEFORE 8/7/96: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])~~

[redacted]

FILED

1996 OCT 29 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000053861

REINSTATEMENT applicable

1. Corporation Name
DIFFERENT STROKES, INC.
150 HUNTINGTON DRIVE UNIT B-305
NAPLES, FLORIDA 34109

Principal Place of Business / Mailing Address
150 HUNTINGTON DRIVE UNIT B-305
NAPLES, FLORIDA 34109

3. Date Incorporated or Qualified: 07/01/95
3a. Date of Last Report: 10/10/95

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip 24 / Country 25 U.S.A.		Zip 29 / Country 30	

4. FEI Number: 65-0591531 ☐ 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
AVI ALIAS
150 HUNTINGTON DRIVE UNIT B-305
NAPLES, FLORIDA 34109

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 [signature] AVI ALIAS 10/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Avi Alias	1.2 NAME	900002000849--7
STREET ADDRESS	150 Huntington Dr. Unit B-305	1.3 STREET ADDRESS	-11/08/96--01098--002
CITY-ST-ZIP	Naples, Fl. 34109	1.4 CITY-ST-ZIP	****313.75 ****313.75
TITLE	T XX ☐ DELETE	2.1 TITLE	900002000849--7 ☐ Change ☐ Addition
NAME	Rudy Mijangos	2.2 NAME	-11/08/96--01098--003
STREET ADDRESS	150 Huntington Drive Unit B-305	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Naples, Florida 34109	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	VP ☐ Change ☒ Addition
NAME		3.2 NAME	Adonay Ledezma
STREET ADDRESS		3.3 STREET ADDRESS	150 Huntington Dr. Unit B-305
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, Florida 34109
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 9/12/96 (941) 643-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #