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 # P95000083210 (1)

1. Corporation Name

EXECUTIVE INNERCITY SERVICES, INC.

Principal Place of Business

9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178

Mailing Address

9949 N.W. 89TH AVENUE
BAY #10
MEDLEY FL 33178

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report:

4. FEI Number: 65-0642377 — 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

GAMBINO, GAETANO
9949 N.W. 89TH AVENUE
BATY #10
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name: Perez, Eduardo G.
82 Street Address (P.O. Box Number is Not Acceptable): 9949 N.W. 89th Avenue
83 Bay #10
84 City: Médley 85 FL Zip Code: 33178

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] DATE 2-22-96

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D - P ☐ Change ☐ Addition
NAME	PEREZ, EDUARDO	1.2 NAME	Perez, Eduardo G.
STREET ADDRESS	9949 N.W. 89TH AVENUE BAY #10	1.3 STREET ADDRESS	9949 N.W. 89th Avenue, Bay #10
CITY-ST-ZIP	MEDLEY FL 33178	1.4 CITY-ST-ZIP	Medley, FL 33178
TITLE	☐ DELETE	2.1 TITLE	D - VP - T ☐ Change ☐ Addition
NAME		2.2 NAME	Gibbings, Stuart W.
STREET ADDRESS		2.3 STREET ADDRESS	9949 N.W. 89th Avenue, Bay #10
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Medley, Fl 33178
TITLE	☐ DELETE	3.1 TITLE	D - VP - S ☐ Change ☐ Addition
NAME		3.2 NAME	Portal, Thomas J.
STREET ADDRESS		3.3 STREET ADDRESS	9949 N.W. 89th Avenue, Bay #10
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Medley, FL 33178
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	600001727086
STREET ADDRESS		5.3 STREET ADDRESS	-02/28/96--01095--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***208.75
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-22-96 Daytime Phone #: 305-887-1300

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