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 # P95000090581 (6)

1. Corporation Name
C & S BUSINESS CORPORATION

Principal Place of Business
~~141 NORTH EAST 3RD AVENUE~~
~~SUITE 206~~
~~MIAMI FL 33132~~

Mailing Address
141 NORTH EAST 3RD AVENUE
SUITE 206
MIAMI FL 33132

3. Date Incorporated or Qualified: 11/29/1995
3a. Date of Last Report:

2. Principal Place of Business
21 910 BAY DRIVE # 17
Suite, Apt. #, etc.
22
City & State
23 MIAMI BEACH, FL
Zip 24 33141 Country 25 USA

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

4. FEI Number: 65-0622980 ☐ 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
~~PIASSAROLLO, LUCIANA~~
~~141 NORTH EAST 3RD AVENUE~~
~~SUITE NO. 206~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent
81 Name: MILCZEWSKI, CLAUDIO M
82 Street Address (P.O. Box Number is Not Acceptable): 910 BAY DRIVE
83 APT. 17
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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 X [signature] 3/12/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILCZEWSKI, CLAUDIO M	
STREET ADDRESS	% 141 N.E. 3RD AVENUE SUITE 206	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	~~VD~~	☒ DELETE
NAME	~~PIASSAROLLO, LUCIANA~~	
STREET ADDRESS	~~% 141 N.E. 3RD AVENUE SUITE 206~~	
CITY-ST-ZIP	~~MIAMI FL 33132~~	
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	VD	☐ Change ☒ Addition
1.2 NAME	MILCZEWSKI, EURIDICE A.	
1.3 STREET ADDRESS	910 BAY DRIVE #17	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33141	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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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: X [signature] CLAUDIO M MILCZEWSKI 3/12/96 305/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #