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 # S03667 (0)

1. Corporation Name

EXEMPTION & REFUND SERVICES, INC.

Principal Place of Business	Mailing Address
% TOM ROSES 75 NW 32 AVE. MIAMI FL 33125 US	% TOM ROSES 76 NW 32 AVE. MIAMI FL 33125 US

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

2a. Mailing Address
26 75 NW 32 Ave
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/03/1990
3a. Date of Last Report: 03/15/1995
4. FEI Number: 65-0220896 ☐ 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

ROSES, TOM
20908 LEEWARD CT
238
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: Tom A. Roses
82 Street Address (P.O. Box Number is Not Acceptable): 3553 Magellan Circle
83 #313
84 City: Aventura FL 85 Zip Code: 33180

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 3/5/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROSES, TOMAS	
STREET ADDRESS	75 NW 32ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	ROSES, CARMEN	
STREET ADDRESS	75 NW 32 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ROSES, TOMAS A.	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	ROSES TOMAS A.	
3.3 STREET ADDRESS	3553 MAGELLAN CIRCLE #313	
3.4 CITY-ST-ZIP	AVENTURA, FL. 33180	
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		

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: 3-4-96 Daytime Phone #: 305-931-9554

CR2E034 (12/95)