CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/05/95--01006--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name: CUE INTERNATIONAL INC.

DOCUMENT # S31193

Mailing Address / Principal Place of Business:
8090 NW 67 STREET
MIAMI, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 3/3/92
3a. Date of Last Report: 11/2/94

4. FEI Number: 65-0244530
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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
ANGELA SALAZAR
8090 NW 67 AVE
MIAMI, FL. 33166

10. Name and Address of New Registered Agent
81 Name: ANGELA SALAZAR
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8090 NW 67 STREET
84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Angela M. Salazar (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)
DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	ANGELA SALAZAR	1.2 NAME	
1.3 STREET ADDRESS	8090 NW 67 STREET	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI, FL 33166	1.4 CITY-ST-ZIP	
2.1 TITLE	S	2.1 TITLE	
2.2 NAME	ALEXANDRINA EXPOSITO	2.2 NAME	
2.3 STREET ADDRESS	8090 NW 67 STREET	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MIAMI, FL. 33166	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Angela M. Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

Daytime Phone: 305-592-8827