FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S33728 (4)

1. Corporation Name

MACRI & OEN, INC.

Principal Place of Business	Mailing Address
1960 EMILIO LN WEST PALM BEACH FL 33406 US	1960 EMILIO LN WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0258439 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 124 Woodlands Rd	26 124 Woodlands Rd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Palm Springs, FL	City & State 28 Palm Springs, FL
Zip 24 33461 · Country 25 ~~[illegible]~~ USA	Zip 29 33461 · Country 30 U.S.A.

9. Name and Address of Current Registered Agent

OEN, RONALD M.
2662 FREEPORT RD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 124 Woodlands Rd
83
84 City Palm Springs FL 85 Zip Code 33461

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] Ronald M Oen PRES. 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT ☑ Change ☐ Addition
NAME	OEN, RONALD M	1.2 NAME	Oen, Ronald M
STREET ADDRESS	1960 EMILIO LN	1.3 STREET ADDRESS	124 Woodlands Rd
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	Palm Springs, FL 33461
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	MACRI, FRED	2.2 NAME	
STREET ADDRESS	5572 CALICO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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] Ronald M Oen PRES. 4/10/95 (407) 265-3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0046777 CP