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

FILED
1995 JAN 27 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45955

1. Corporation Name

MEMP, Inc.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/15/91
3a. Date of Last Report:
4. FEI Number: 65-0262421 (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 Fee
7. The corporation has liability for incentives as under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1129 Fleming Street
22
23 City & State: Key West, FL
24 Zip: 33040 25 Country: U.S.A.

2a. Mailing Address
26 c/o Richard Siegmeister, Esq.
27 Suite, Apt. #, etc.: 2655 S. Bayshore Dr., #1100
28 City & State: Miami, FL
29 Zip: 33133 30 Country: U.S.A.

8. Name and Address of Current Registered Agent

Jack E. Fowler
1129 Fleming Street
Key West, FL 33040

10. Name and Address of New Registered Agent

81 Name: Richard Siegmeister, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2655 S. Bayshore Drive
83 Suite 1100
84 City: Miami FL 85 33133

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. Each 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(s): See attached

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D Jack E. Fowler 1129 Fleming Street Key West, FL 33040	D ☐ Change ☐ Addition Donald R. Hamilton Box 2197 - Taber, Alberta Canada T0K 2G0
	P ☐ Change ☐ Addition Donald R. Hamilton SAME AS ABOVE
	S/Tr ☐ Change ☐ Addition Donald R. Hamilton SAME AS ABOVE
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

800001394348
01/31/95--01070--038
*****87.50 *****87.50

800001394348
-01/31/95--01070--039
****137.50 ****137.50

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not query for the purpose stated in Section 119.07(4), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental 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 (A) next to it.

SIGNATURE: Donald R. Hamilton — President/Director — 1-26-95
Donald R. Hamilton — Title — Date

01/25/95 15:59 ☎305 381 7708 TABAS&SINGERMAN 003

01-25-95 10:54AM

FOR REGISTERED AGENT PURPOSES ONLY

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

DOCUMENT

1. Corporation Name

MBMP, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

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

2a. Mailing Address
26 c/o Richard Siegmeister, Esq.
Suite, Apt #, etc. 2655 S.
27 Bayshore Dr., #1100
City/State
28 Miami, FL
Zip 29 33133 | Country 30 U.S.A.

4. FEI Number — 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

10. Name and Address of New Registered Agent
01 Name: Richard Siegmeister, Esq.
02 Street Address (P.O. Box Number is Not Acceptable): 2655 S. Bayshore Drive
03 Suite 1100
04 City: Miami FL 05 Zip: 33133

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] Richard Siegmeister January 25, 1995
Signature of new registered agent | Print, type name | Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 further certify that the information indicated on this annual report or supplemental 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 and typed or printed name of signing officer or director | Daytime Phone

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

_____ of _____

RE: MBMP, Inc.

		C.C. FEE.	DISBURSED
____	Capital Express℠		
____	Art. of Inc. File		
____	Corp. Record Search		
____	Ltd. Partnership File		
____	Foreign Corp. File		
✓	( ) Cert. Copy(s)		
✓	Art. of Amend. File		
____	Dissolution/Withdrawal		
____	C U S-		
____	Fictitious Name File		
____	Name Reservation		
____	Annual Report/Reinstatement		
____	Reg. Agent Service		
____	Document Filing		
____	Corporate Kit		
____	Vehicle Search		
____	Driving Record		
____	Document Retrieval		
____	UCC 1 or 3 File		
____	UCC 11 Search		
____	UCC 11 Retrieval		
____	____ File No.'s, ____ Copies		
____	Courier Service ____		
____	Shipping/Handling		
____	Phone ( )		
____	Top Priority		
____	Express Mail Prep.		
____	FAX ( ) pgs.		
____			
SUBTOTALS			

* 00308, 00524, 00563, 00547

FEE	$ 00672
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	KJ		

WALK-IN
Will Pick Up 1-23 1100

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection