

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59949 1. Corporation Name MAKING ENDS MEET, INC.	(5)
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**APPROVED
FILED**
 JUN 1 1995
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 17870 BISCAYNE BLVD. MIAMI FL 33160-2534	Mailing Address 17870 BISCAYNE BLVD. MIAMI FL 33160-2534
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2. Principal Office of Registrars 21	2a. Mailing Address 26 <i>8099 S. Dixie Hwy</i>
22. City & State 23 <i>Miami FL</i>	27. City & State 28 <i>Miami FL</i>
24. Zip 25 <i>33143</i>	29. Zip 30 <i>33143</i>

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 06/17/1991	3a. Date of last report 03/15/1994
4. FEI Number 65-0269221	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. The corporation has liability for corporate tax under 13 (b)(1) (b)	

9. Name and Address of Current Registered Agent SCHMITT, CARL A. 1666 KENNEDY CAUSEWAY SUITE 705 N. BAY VILLAGE FL 33141
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (Street Box Number or P.O. Box or P.O. Stop) 83 84 City FL 85 State
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11. The undersigned hereby certifies that the information furnished in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

Signature of Officer or Director: _____ Date: _____

12. ADDITIONAL OFFICERS OR DIRECTORS OF THE CORPORATION NAME: D THOMAS, TRACY P. STREET ADDRESS: 17870 BISCAYNE BLVD. CITY: MIAMI FL NAME: D THOMAS, JOHN STREET ADDRESS: 17870 BISCAYNE BLVD. CITY: MIAMI FL	13. ADDITIONAL OFFICERS OR DIRECTORS OF THE CORPORATION NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____
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14. The undersigned hereby certifies that the information furnished in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

SIGNATURE: *John J. Thomas* **JOHN J. THOMAS** 4/29/95 (305) 605-5477