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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:39

DOCUMENT # S64890 (4)

1. Corporation Name
PETER VERNON & ASSOC., INC.

Principal Place of Business	Mailing Address
9300 N.W. 58TH STREET SUITE 212 MIAMI FL 33178 US	9300 N.W. 58TH STREET SUITE 213 MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite 213	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 06/17/1994
4. FEI Number: 65-0276295 ☐ 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

SAEZ, PEDRO P.
5200 BLUE LOGOON DR
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Guillermo Rosell
82 Street Address (P.O. Box Number is Not Acceptable): 9300 N.W. 58th Street
83: Suite 213
84 City: Miami FL 85 Zip Code: 33178

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: Guillermo Rosell President 2/7/95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GUILLERMO, ROSELL 2335 N.W. 107TH AVE. MZ C-8 MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P/S/T Guillermo Rosell 9300 N.W. 58th Street Suite 213 Miami, FL 33178	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAEZ, PEDRO P 5200 BLUE LAGOON DR. STE 700 MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Delete	XX 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 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: 2/7/95 (305) 471-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0194062 CP