FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAR -8 AM 7:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S74218 (6)

1. Corporation Name

PHOENIX INTERNATIONAL CAPITAL, INC.

Principal Place of Business

% WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131

Mailing Address

% WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991	3a. Date of Last Report: 02/14/1994
4. FEI Number: 65-0280765	☐ 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
21 C/O WLMC REGISTERED AGENTS, INC.
Suite, Apt. #, etc.
22 701 BRICKELL AVE, SUITE 2000
City, State
23 MIAMI, FL
Zip 24 33131 Country 25 U.S.A.

2a. Mailing Address
26 C/O WLMC REGISTERED AGENTS, INC.
Suite, Apt. #, etc.
27 701 BRICKELL AVE., SUITE 2000
City, State
28 MIAMI, FL
Zip 29 33131 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS INC.
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

31 Name: WLMC REGISTERED AGENTS INC
32 Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE
33 SUITE 2000
34 City: MIAMI FL 35 Zip Code: 33131

11. Pursuant to the provisions of Sections 605.0502 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 duties and responsibilities of, Section 605.0505, Florida Statutes.

SIGNATURE: [signature], LESLIE J. CROLAND, AUTHORIZED REP., 2/22/95
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DPS	11 TITLE	☐ Change ☐ Addition
12 NAME	SOKOLOW, LEONARD J.	12 NAME	
13 STREET ADDRESS	777 BRICKELL AVE #1200	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report, 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 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 11 or Block 12 above, or on an attachment with an X.

SIGNATURE: [signature] 3/6/95 (305) 771-5546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DESIGNATED OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
Leonard J. Sokolow

0120420 CP