FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75361** **(3)**

1. Corporation Name

MERCHANDISE MANIA, INC.

Principal Place of Business	Mailing Address
2606 QUAIL TRAIL TITUSVILLE FL 32780 US	2606 QUAIL TRAIL TITUSVILLE FL 32780 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1991**	3a. Date of Last Report: **06/07/1994**
4. FEI Number: **59-3126128**	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, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

HARRIS, ALICE C.
2606 QUAIL TRAIL
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] Change [ ] Addition
NAME	HARRIS, ALICE C.	
STREET ADDRESS	2606 QUAIL TRAIL	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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)(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: Alice C. Harris 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0045563 CP

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

[illegible] 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75558** **(4)**

1. Corporate Name

MOGAR CORPORATION

Principal Place of Business

242 NW LEJEUNE RD
SUITE 301
MIAMI FL 33126

Mailing Address

242 NW LEJEUNE RD
SUITE 301
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1991**

3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0296596** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or rte. — 22

Suite, Apt. # or rte. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, AGUSTIN
242 NW LEJEUNE RD
SUITE 301
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	**DPT**	Title	Resigned ☒ Change ☐ Addition
Name	**FERNANDEZ, AGUSTIN**	Name	
Street Address	**242 NW LEJEUNE RD #301**	Street Address	
City-State-Zip	**MIAMI FL**	City-State-Zip	
Title	**DS**	Title	DPTVPS ☒ Change ☐ Addition
Name	**FERNANDEZ, ORFELINA**	Name	ORFELINA FERNANDEZ
Street Address	**242 NW LEJEUNE RD #301**	Street Address	242 N.W. LEJEUNE RD. #301
City-State-Zip	**MIAMI FL**	City-State-Zip	Miami, Fl =
Title		Title	DT ☐ Change ☒ Addition
Name		Name	MADELYN HOYOS
Street Address		Street Address	242 N.W. LEJEUNE RD., #301
City-State-Zip		City-State-Zip	Miami, Fl
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State constitutes a violation of Section 817.155, 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 01-07-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0122300 CP