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
95 MAR 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S81720 (2)

1. Corporation Name
COMPFLORIDA, INC.

Principal Place of Business	Mailing Address
~~810 GRANADA BLVD~~ CORAL GABLES FL 33134 US	~~C/O AZEEZ~~ 810 SATURN ST STE 16 JUPITER FL 33477 ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1991
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 2100 Coral Way	26 2100 Coral Way
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33145 Country 25 USA	Zip 29 33145 Country 30 USA

4. FEI Number: 65-0294402 ☐ 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
~~SIDNEY~~ ~~SIDNEY AZEEZ~~ ~~810 SATURN ST STE 16~~ ~~JUPITER FL 33477~~	81 Name: HKES&F Registered Agent Corp. 82 Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive 83 Suite 600 84 City: Miami, FL 85 Zip Code: 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: Richard N. Krinzman V.P. V.P. 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	AZEEZ, MICHAEL	1.2 NAME	Azeez, Michael B.	
STREET ADDRESS	~~BAYPORT ONE, VERONA BLVD, STE. 400~~	1.3 STREET ADDRESS	Baypoint One, Suite 400	
CITY-ST-ZIP	~~W ATLANTIC CITY NJ~~	1.4 CITY-ST-ZIP	West Atlantic City, NJ 08232	
TITLE	D	2.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	AZEEZ, SIDNEY	2.2 NAME	Azeez, Sidney	
STREET ADDRESS	~~BAYPORT ONE, VERONA BLVD, STE. 400~~	2.3 STREET ADDRESS	Baypoint One, Suite 400	
CITY-ST-ZIP	~~W ATLANTIC CITY NJ~~	2.4 CITY-ST-ZIP	West Atlantic City, NJ 08232	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] 11/25/95 609-646-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Azeez