FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S83602 (0)

1. Current Name

MABRA, INC.

Principal Place of Business

36 NE 1 ST
ROOM 708
MIAMI FL 33132

Mailing Address

36 NE 1 ST
ROOM 708
MIAMI FL 33132

(FOR OFFICE USE ONLY)

3. Date Incorporated / Qualified: 09/30/1991

3a. Date of Last Report: 03/18/1994

4. FEI Number: 65-0285553 (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. Is the corporation a limited partnership as defined by section 620.103, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD
SUITE 215
CORAL GABLES FL 33134

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 607.1501, 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. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	DST	Title	☒ Change ☐ Addition
Name	SULIMANI, DANI	Name	DANIEL SIMON
Address	36 NE 1 ST #708	Address	
City/St/Zip	MIAMI FL	City/St/Zip	
Title	DP	Title	☐ Change ☐ Addition
Name	RIKMAN, SHAUL	Name	
Address	36 NE 1 ST #708	Address	
City/St/Zip	MIAMI FL	City/St/Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate, and that this filing meets the requirements of Section 607.1501, Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are required to be paid at this time.

SIGNATURE: X Dani DANI SIMON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY-2-95 (305) 373-6718

0133486 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # S83658 (2)

1. Corporate Name

JOHNSON & SEALS REAL ESTATE, INC.

Principal Place of Business: 12874 BRYAN RD. LOXAHATCHEE FL 33470

Mailing Address: 12874 BRYAN RD. LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1991

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0288621 — 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 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEALS, BUFORD
12874 BRYAN RD.
LOXAHATCHEE FL 33470

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 ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	JOHNSON, PHILIP E.
STREET ADDRESS	5 AMHERST CT., UNIT #A
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	DS
NAME	SEALS, BUFORD
STREET ADDRESS	12874 BRYAN RD.
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change / Addition) — blank

14. I 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)(k), 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: Philip E. Johnson — 4-19-95 — 407 798-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #

0073600 CP