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 MAY -1 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84996** **(5)**

1. Corporation Name
URYS CORPORATION

Principal Place of Business	Mailing Address
C/O PERLMAN & FABER, P.A. 299 BRICKELL PLAZA, SUITE 900 MIAMI FL 33131 US	C/O PERLMAN & FABER, P.A. 799 BRICKELL PLAZA, SUITE 900 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1991**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0310462** ☐ 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

6. This corporation has elected to designate an officer for service of process as required by Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

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 607.1008, 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/OR DIRECTOR		13. ADDITIONAL CHANGE TO OFFICER AND/OR DIRECTOR
Title / Name / Street Address / City-St-Zip	PS RUIZ, LESMES C/O 799 BRICKELL PLAZA, SUITE 900 MIAMI FL	☐ Change ☒ Addition D ALBARRAN, Manuel c/o 799 Brickell Plaza, Suite 900 Miami, Florida 33131
Title / Name / Street Address / City-St-Zip	VTD URIBE, ALBERTO C/O 799 BRICKELL PLAZA, SUITE 900 MIAMI FL	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	D URIBE, YVONNE 799 BRICKELL PLAZA, SUITE 900 MIAMI FL	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing, including any required delaware, is true and correct. For qualification purposes only, I/we hereby certify that the information indicated on this annual report or supplemental annual report is true and correct 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 above, or on an attachment with an address.

SIGNATURE: 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
LESMES RUIZ, President

0120390 CP

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ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S85158 (1)

1. Corporation Name
CARL THOMAS, INC.

Principal Place of Business
~~LOT 6, MARION DRIVE~~ 975 S. Willis Ranch Road
~~COMMUNITY OF FELDA~~
FELDA FL 33930

Mailing Address
~~LOT 6, MARION DRIVE~~ P.O. Box 202
~~COMMUNITY OF FELDA~~
FELDA FL 33930

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1991	3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0290733	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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 202
22 Suite, Apt. # etc.: 975 S. Willis Ranch Road	27 Suite, Apt. # etc.
23 City & State: Felda Fl	28 City & State: Felda Fl
24 Zip: 33930 25 Country	29 Zip: 33930 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, CARL ~~LOT 6, MARION DRIVE~~ ~~COMMUNITY OF FELDA~~ FELDA FL 33930	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 975 S. Willis Ranch Road 83 84 City: Felda FL 85 Zip Code: 33930

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	TITLE	☒ Change ☐ Addition
NAME	THOMAS, CARL	NAME	
STREET ADDRESS	LOT 6, MARION DRIVE	STREET ADDRESS	975 S. Willis Ranch Road
CITY-ST-ZIP	FELDA FL	CITY-ST-ZIP	Felda, Fl 33930
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	THOMAS, CARL	NAME	
STREET ADDRESS	LOT 6, MARION DRIVE	STREET ADDRESS	975 S. Willis Ranch Road
CITY-ST-ZIP	FELDA FL	CITY-ST-ZIP	Felda, Fl, 33930
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. [illegible]

SIGNATURE: Carl Thomas 5-1-95 813-675-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0451370 FP

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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # S86263 (8)

1 SCOPE REALTY, INC.

APPROVED
FILED
95 APR 28 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2640 HOLLYWOOD BLVD. # 119 HOLLYWOOD FL 33020	2640 HOLLYWOOD BLVD # 119 HOLLYWOOD FL 33020

3. Date Incorporated / Qualified: 10/09/1991
3a. Date of Last Report: 02/24/1994

21 2662 OAKMONT	26 2662 OAKMONT	4. FEI Number: 65-0289213	Applied For / Not Applicable
22	27	5. Certificate of Status Desired	$8.75 Additional Fee Required
23 FT Laud., FL	28 FT. LAUD., FL	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
24 33332 25	29 33332 30	8. This corporation has, or intends to do business in Florida	Yes / No

9. Name and Address of Current Registered Agent

BALLINGER, STEVEN R.
2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is NOT Acceptable)
33
34 City FL 35 State

11. Pursuant to the provisions of section 607.1622, 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. To the best of my knowledge and belief, the facts stated herein are true. I am familiar with and authorize these changes.

Signature: Richard M. Klass, President

12. Officer and/or Director

D
KLASS, RICHARD M.
2640 HOLLYWOOD BLVD #119
HOLLYWOOD FL

13. Additional Officers and/or Directors

14. To the best of my knowledge and belief, the facts stated herein are true. I am familiar with and authorize these changes.

SIGNATURE: Richard M. Klass, President 4/30/95 (305) 384-2158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0090143 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S87031 (8)

FIBERTEL INC.

APPROVED
MAY -1 AM 3:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office	Mailing Address
7961 NW 14 STREET MIAMI FL 33126	~~8270 SW 47 TERRACE~~ ~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

2. (Old) Principal Office	2a. Mailing Address 7961 NW 14 ST.	3. State in which Incorporated (If Applicable) 10/14/1991	3a. Date of Last Report 08/17/1994
21	26 MIAMI, FLA 33126	4. FEI Number 65-0288096	☐ Applied For ☐ Not Applicable
22 State, Zip & Country	27 State, Zip & Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

8. This corporation has liability for intangible tax under s. 199 U.S.C. Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~VILLENA, LINDA L~~ ~~8270 SW. 47 TERRACE~~ ~~MIAMI FL 33155~~	81 Name: MARIO A. VILLENA 82 Street Address (P.O. Box Number is Not Acceptable): 7961 NW 14 Street 83 84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, 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: Mario A Villena — 4-28-95
(Signature of Registered Agent, Required if Agent is Changed) (Date) (By the Registered Agent (Required on Both Lines))

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
01 P 02 NAME: VILLENA, MARIO A 03 STREET ADDRESS: 960 NW 127 PLACE 04 CITY ST ZIP: MIAMI FL 33182	01 CEO ☒ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP
05 VT 06 NAME: VILLENA, LINDA L 07 STREET ADDRESS: 8270 SW 47 TERRACE 08 CITY ST ZIP: MIAMI FL 33155	05 P ☒ Change ☐ Addition 06 NAME: VILLENA, JOSE A 07 STREET ADDRESS: 8270 SW 47 TERRACE 08 CITY ST ZIP: MIAMI, FLA. 33155
09 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	09 V ☐ Change ☒ Addition 10 NAME: EYAL BEN-CHANOCH 11 STREET ADDRESS: 8255 LAKE DRIVE #F-408 12 CITY ST ZIP: MIAMI, FLA. 33166
13 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	13 ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP
17 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	17 ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP
21 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP

14. I declare, 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 above, or on an attachment with an address.

SIGNATURE: Mario A. Villena — 4-28-95 — 305-994-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0165015 CP