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 FEB 27 AM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89037 (3)

1. Corporation Name
ROSLYN WINSTON, INC.

Principal Place of Business	Mailing Address
~~10900 COLLINS AVE.~~	~~10900 COLLINS AVE.~~
1509A	1509A
~~N. MIAMI BCH~~ FL 33160	~~N. MIAMI BCH FL 33160~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0300983 ☐ 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	2a. Mailing Address
21 750 SW 138 Ave	26 750 SW 138 Ave
22 Suite, Apt. #, etc.: F301	27 Suite, Apt. #, etc.: # F301
23 City & State: Pembroke Pines FL	28 City & State: Pembroke Pines FL
24 Zip: 33027 25 Country: US	29 Zip: 33027 30 Country: US.

9. Name and Address of Current Registered Agent

WINSTON, ROSLYN
~~10300 COLLINS AVE~~
~~STE 1509A~~
~~N. MIAMI BCH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: ROSLYN WINSTON
82 Street Address (P.O. Box Number is Not Acceptable): 750 SW 138 Ave Apt # F301
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33027

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: Roslyn Winston 1/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD ☒ Change ☐ Addition
NAME	WINSTON, ROSLYN	1.2 NAME	WINSTON ROSLYN
STREET ADDRESS	~~10900 COLLINS AVE, STE 1509A~~	1.3 STREET ADDRESS	PO BOX 820514 (N/A)
CITY ST ZIP	~~N. MIAMI BEACH FL~~	1.4 CITY ST ZIP	South FL, FL 33082
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
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, 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: Roslyn Winston Roslyn Winston 1/24/95 305-483-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172190 CP