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 -6 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94937** (7)

1. Corporation Name
HOLLAND INVESTMENTS CORP.

800001400458
-02/08/95--01064--025
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR S865 COCONUT GROVE FL 33133 US	2601 S BAYSHORE DR S865 COCONUT GROVE FL 33133 US

3. Date Incorporated or Qualified: **11/18/1991**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 943 N. VENETIAN DR	26 943 NORTH VENETIAN DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA	City & State 28 MIAMI FLA
Zip 24 33139 Country 25	Zip 29 33139 Country 30

4. FEI Number: 65-0312627 ☐ 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 (X) No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PORTUONDO, JOSEPH J 150 WEST FLAGLER STREET SUITE 2701 MIAMI FL 33130	81 Name: RICHARD L WILLIAMS 82 Street Address (P.O. Box Number not Acceptable): 2601 So BAYSHORE DR. 83: SUITE 12-50 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 L Williams (RICHARD L. WILLIAMS P.A.) DATE: 1/25/95
Signature, typewritten printed name of registered agent and title of officer
NOTE: Registered Agent signature required where indicated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PORTUONDO, JOSEPH	12 NAME	
STREET ADDRESS	2601 BAYSHORE DR S865	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CASARES, MICHELE A	22 NAME	
STREET ADDRESS	2601 S BAYSHORE DR S865	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CASARES, BLAS R	32 NAME	
STREET ADDRESS	2601 S BAYSHORE DR S865	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CASARES, BLAS R	42 NAME	
STREET ADDRESS	2601 S BAYSHORE DR S865	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	RICHARD L. WILLIAMS	52 NAME	
STREET ADDRESS	2601 SO BAYSHORE DR., # 1250	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: BLAS R. CASARES S/T.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

JAN 25, 1995 305 858 9916
Date Daytime Phone Number

pl 2-6-95

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