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CORPORATION ANNUAL REPORT 1995 5-21-95 B-69185

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:47

DOCUMENT # S97414 (4)

1. Corporation Name

A.H., P.H-2, INC.

Principal Place of Business: ~~C/O ADORNO & ZEDER 2601 S BAYSHORE DR #1600 MIAMI FL 33133 US~~

Mailing Address: ~~MCKIBBIN DAVID A. 2601 S BAYSHORE DR #1600 MIAMI FL 33133 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5225 Collins Avenue	2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 22 Suite [crossed out] P.H.-2	Suite, Apt. #, etc.: 27
City & State: 23 Miami Beach, FL	City & State: 28 "
Zip: 24 33140 Country: 25 U.S.	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0309116 ☐ 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

MCKIBBIN DAVID A
~~2601 S BAYSHORE DR #1600~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: McKibbin, David A.
82 Street Address (P.O. Box Number is Not Acceptable): Suite [crossed out] P.H.-2
83 5225 Collins Ave.
84 City: Miami Beach FL 85 Zip Code: 33140

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 [signature] 05-09-95
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	D. P. ☒ Change ☐ Addition
NAME	MCKIBBIN, DAVID A.	1 2 NAME	McKibbin, David A.
STREET ADDRESS	~~5225 COLLINS AVENUE~~	1 3 STREET ADDRESS	5225 Collins Ave.
CITY ST ZIP	~~MIAMI BEACH FL~~	1 4 CITY ST ZIP	Miami Beach, FL 33140
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(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: [signature] 05-09-95 (305) 864-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134390 CP