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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 11 AM 8:35

DOCUMENT # S97443 (3)

1. Corporation Name
A.H., 1509, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 5225 Collins Ave.
22 Suite, Apt. #, etc.: Suite [redacted] 1509
23 City & State: Miami Beach, FL
24 Zip: 33140
25 Country: U.S.

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

4. FEI Number: 65-0309113 ☐ 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. 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
~~C/O ADORNO & ZEDER~~
~~2601 S BAYSHORE DR #1600~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

91 Name: McKibbin, David A.
92 Street Address (P.O. Box Number is Not Acceptable): Suite [redacted] 1509
93: 5225 Collins Avenue
94 City: Miami Beach FL 95 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: D. A. McKibbin DATE: 05-09-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MCKIBBIN DAVID ~~2601 S BAYSHORE DR #1600~~ ~~MIAMI FL~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition D. P McKibbin, David A. 5225 Collins Ave. Miami Beach, FL 33140
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP			☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP			☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP			☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP			☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP			☐ Change ☐ Addition

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: D. A. McKibbin 05-09-95 (305) 864-8148
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0134586 CP