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 MAR 23 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00319 (6)

1. Corporation Name
HOWELTON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS RD PH-5 CORAL GABLES FL 33134-6127	2600 DOUGLAS RD PH-5 CORAL GABLES FL 33134-6127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

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

4. FEI Number: 65-0248974 ☐ 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

CORPORATION INFORMATION SERVICES INC
1201 HAYS ST
TALLAHASSEE FL 32301

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 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 _____ DATE
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	DP	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	KATHE, GUY	1.2 NAME	XAVIER F. ROSALES	
STREET ADDRESS	2600 DOUGLAS RD SUITE 250	1.3 STREET ADDRESS	2600 DOUGLAS RD., PH-5	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134-6127	
TITLE	DV	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	WINTON, JOHNNY	2.2 NAME		
STREET ADDRESS	150 SE 2ND AVE, #300	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	S	☒ Change ☐ Addition
NAME	EAGLETON, JAMES	3.2 NAME	MARTHA FERNANDEZ	
STREET ADDRESS	2600 DOUGLAS RD SUITE 250	3.3 STREET ADDRESS	2600 DOUGLAS RD., PH-5	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134-6127	
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)(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: Xavier F. Rosales 3-17-95 (305) 461-2142
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

XAVIER F. ROSALES, DIRECTOR/PRESIDENT

0141006 CP