FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001480841
-05/09/95--01093--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V01184

1. Corporation Name
WILMA SCHUMANN INTERNATIONAL, INC. ✓

Principal Place of Business
2121 Ponce de Leon Blvd.
Coral Gables, FL. 33134
STE. #530

Mailing Address
c/o
Harriette Ellison Barnes
Accountant
1011 Northwest 108 Avenue
Plantation, FL 33322-6974

3. Date Incorporated or Qualified: ~~02-1992~~ 12/19/91
3a. Date of Last Report: ~~04/94~~ 2/18/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0308326	Applied For / Not Applicable
21	26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 Zip / 25 County	29 Zip / 30 County		

9. Name and Address of Current Registered Agent

SCHUMANN, WILMA
3125 Virginia Avenue
Miami, Florida 33133

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL
05 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMANN, WILMA	1.2 NAME	
STREET ADDRESS	3125 Virginia Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33133	1.4 CITY-ST-ZIP	
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] WILMA SCHUMANN 04/26/95 305 448-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone