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 APR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08043 (4)

1. Corporation Name
KEVRAY, INC.

Principal Place of Business
2700 CYPRESS CREEK RD.
SUITE D-108
FT. LAUDERDALE FL 33309

Mailing Address
3744 DAVIE ROAD
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 4300 N. University Dr.	2a. Mailing Address	26 4300 N. University Dr.
Suite, Apt #, etc	22 D-103	Suite, Apt. #, etc	27 D-103
City & State	23 Lauderhill, FL	City & State	28 Lauderhill, FL
Zip / Country	24 33351 / 25 USA	Zip / Country	29 33351 / 30 USA

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0308170 ☐ 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

MURPHY, WILLIAM
3744 DAVIE ROAD
DAVIE FL 33309

10. Name and Address of New Registered Agent

81 Name: Murphy, William M.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 N. University Dr.
83 D-103
84 City: Lauderhill, FL
85 Zip Code: 33351

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 William M. Murphy [signature] Mar. 15, 1995
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, KEVIN B.	1 2 NAME	Murphy, Kevin B.
STREET ADDRESS	3744 DAVIE ROAD	1 3 STREET ADDRESS	4300 N. University Dr., D-103
CITY ST ZIP	DAVIE FL 33309	1 4 CITY ST ZIP	Lauderhill, FL 33351
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 the 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: Kevin B. Murphy [signature] Mar. 15, 1995 (305)746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023306 CP