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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16238 (0)

1. Corporation Name
SOVRAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD. SUITE 209 MIAMI FL 33156	9200 S. DADELAND BLVD. SUITE 209 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 3530 Mystic Pointe Dr	26 3530 Mystic Pointe Dr
Suite, Apt. #, etc. 22 2209	Suite, Apt. #, etc. 27 2209
City & State 23 Aventura FL	City & State 28 Aventura FL
Zip / Country 24 33180 / 25 DADE	Zip / Country 29 33180 / 30 DADE

4. FEI Number: 65-0314394 ☐ 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	10. Name and Address of New Registered Agent
GREEN, JERRY 9200 S. DADELAND BLVD. SUITE 208 MIAMI FL 33156	81 Name: Arnold M. Rubenstein 82 Street Address (P.O. Box Number is Not Acceptable): 3530 Mystic Pointe Dr #2209 83 84 City: Aventura FL 85 Zip Code: 33180

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: Arnold M. Rubenstein Pres. A.M. Rubenstein 4/15/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not typed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN, ARNOLD M.	12 NAME	
STREET ADDRESS	3530 MYSTIC PT DR. #2209	13 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	14 CITY-ST-ZIP	
TITLE	COO	21 TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN, JUDITH J.	22 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR. #2209	23 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: A.M. Rubenstein 4/15/95 305 935 7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Arnold M. Rubenstein

01676A0 CP