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 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18648** **(8)**

1. Entity Name

JOSE MARRERO DENTAL SERVICE INC.

Principal Place of Business	Mailing Address
133 N.W. 86 PLACE MIAMI FL 33126	133 N.W. 86 PLACE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1992	08/11/1994

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. # or Bldg.	27 Suite, Apt. # or Bldg.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: **65-0316060** ☐ 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. The 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
MARRERO, JOSE L. 133 N.W. 86 PLACE MIAMI FL 33126	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 607.0505 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: [signature] 5-15-95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS
P MARRERO, JOSE L. 133 N.W 86 PLACE MIAMI FL	☐ Change ☐ Addition
V MARRERO, SILVIA 133 N.W 86 PLACE MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that the mandatory items identified by an asterisk (*) are included, as applicable.

SIGNATURE: [signature] 5-15-95 591-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0124060 CR

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1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY 5 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19167** **(8)**

1. Corporation Name:
REALVESTORS CORP.

Principal Place of Business	Mailing Address
315 NE THIRD AVE SUITE 201 FT LAUDERDALE FL 33301	315 NE THIRD AVE SUITE 201 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/06/1992**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt. # etc. — 22:
Suite Apt. # etc. — 27:
City & State — 23:
City & State — 28:
24: 25: 29: 30:

4. FEI Number: **65-0316522** ☐ 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 activity to change its page to 1995?* Florida Statute. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORGAN, WALTER L. 315 NE THIRD AVE SUITE 201 FT LAUDERDALE FL 33301	81 Name: Walter L. Morgan 82 Street Address (P.O. Box Number is Not Acceptable): 315 N. E. 3rd Avenue 83: Suite 200 (Correction) 84 City: Fort Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Section 607.0501 or 617.1905, 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. The 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: Walter L. Morgan
(Registered Agent's Signature, if Changing Registered Agent) (If Registered Agent is a Corporation, Name and Title of Officer) (Date)

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
DPS CLARK, MIDGE 315 NE 3RD AVE. FT LAUDERDALE FL	President ☒ Change ☐ Addition Victoria Briggs 315 N. E. 3rd Ave. Suite 201 Fort Lauderdale, FL 33301
	Secretary/Director ☐ Change ☒ Addition Kevin T. Leonard 315 N. E. 3rd Avenue, Suite 201 Fort Lauderdale, FL 33301
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially complete and that such information is true and accurate as of the date of this report. I further certify that the information indicated on this report or supplemental attachment to this report is true and accurate and that the signature shall bear 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 this report appears or Page 1, or Block 14 if changed, or an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0210631 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20100 (6)

1. Corporate Name
INTERNATIONAL TRAINING GROUP INCORPORATED

Principal Place of Business:
416 NE 13TH AVE.
FT. LAUDERDALE FL 33301
US

Mailing Address:
416 NE 13TH AVE.
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0316836 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: No ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: No ☐ — $5.00 May Be Added to Fees
8. This corporation is eligible for exemption under Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DAVID GLOWATZKE
416 NE 13TH AVENUE
FT. LAUDERDALE FL 33301

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 David Glowatzke David Glowatzke 05-01-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLOWATZKE, DAVID J.
STREET ADDRESS	416 NE 13TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition; blank)

14. I 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: David Glowatzke David Glowatzke 05-01-95 305.523.5286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210736 CP

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ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] MAR 15

[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **V20910** **(8)**

1. Corporate Name
SUNSET TROPICAL LANDSCAPE, INC.

Principal Place of Business
1130 N.E. 24TH STREET
POMPANO BEACH FL 33443
US

Mailing Address
1130 N.E. 24H STREET
POMPANO BEACH FL 33443
US

Document Number Is Correct In This Space

3. Date Incorporated or Qualified: **03/11/1992**

3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0322277**
Applied For
Not Applicable

State, Apt. #, etc.
22

State, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City | County | Zip | State | Country
24 | 25 | 29 | 30

8. The corporation desires to engage in business as a foreign corporation in the State of Florida. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOMES, JOSE CARLOS
1130 N.E. 24TH STREET
#2912
POMPANO BEACH FL 33443

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501 and/or 608.4101 Florida Statutes, the profit or not-for-profit 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. Florida accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
PTS GOMES, JOSE CARLOS 1130 N.E. 24TH STREET POMPANO BEACH FL	☐ Change ☐ Addition
VP GOMES, IEDA 1130 N.E. 24TH STREET POMPANO BEACH FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and complete. For profit corporations only: 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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0108974 CF

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1995

DOCUMENT # V21365 (4)

PHONE CARE, INC.

12794 W. FOREST HILL BLVD.
W PALM BEACH FL 33414

12794 W. FOREST HILL BLVD.
W PALM BEACH FL 33414

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 03/11/1994

4. FEI Number: 65-0322545

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Elected Campaign Financing Trust Fund Corporation: $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes / No

21 11924 - W. FOREST HILL BLVD
22 WELLINGTON, W.P.B. FL
23 33414
24
25 P.B.

26 11924 WEST FOREST HILL
27 SUITE 310
28 W.P.B. FL
29 33414
30 P.B.

9. Name and Address of Current Registered Agent

RAMSUBHAG, HARNARINE
1360 RIVERSIDE CIR
W PALM BEACH FL 33414

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 Section 607.0505, 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. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: Harnarine Ramsubhag 5/16/95

12. OFFICER AND DIRECTOR

PST
RAMSUBHAG, HARNARINE
1360 RIVERSIDE CIRCLE
W PALM BEACH FL

D
RAMSUBHAG, HARNARINE
1360 RIVERSIDE CIRCLE
W PALM BEACH FL

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the above-named entity has complied with the requirements of Section 607.0501, Florida Statutes, relating to the designation of a registered agent for service of process within this state. I am familiar with and accept the duties and responsibilities as registered agent for this entity.

SIGNATURE: Harnarine Ramsubhag 5/16/95 407-743 1113
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0252029 CP