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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:17

DOCUMENT # V38695 (5)

1. Corporation Name
HOWARD-LUACES ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
101 ARAGON AVE. CORAL GABLES FL 33134	101 ARAGON AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1992
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5785 SUNSET DR	26 5785 SUNSET DR.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 SOUTH MIA, FL	City & State 28 SOUTH MIA, FL
Zip / County 24 33143 / 25 USA	Zip / County 29 33143 / 30 USA

4. FEI Number: 65-0338889 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUACES, NICOLAS A.
101 ARAGON AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5785 SUNSET DR
83
84 City: SOUTH MIA FL 85 Zip Code: 33143

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	HOWARD, JEFFREY E.	12 NAME	
STREET ADDRESS	101 ARAGON AVE.	13 STREET ADDRESS	5785 SUNSET DR
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	SOUTH MIA, FL 33143
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	LUACES, NICOLAS A.	22 NAME	
STREET ADDRESS	101 ARAGON AVE.	23 STREET ADDRESS	5785 SUNSET DR
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	SOUTH MIA, FL 33143
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: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95 (305)6629002
Date Telephone Number

0140370 CP

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DIVISION OF CORPORATIONS

DOCUMENT # V40945 (0)

1. Corporation Name
TPF "50/50", INC.

Principal Place of Business	Mailing Address
250 174TH STREET #301 NORTH MIAMI BEACH FL 33160	C/O FREDERICK B. GOMER & ASSOC 10025 SUNSET STRIP SUNRISE FL 33322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992	3a. Date of Last Report: 04/22/1994		
2. Principal Place of Business (21)	2a. Mailing Address (26): c/o Frederick B Gomer & Assoc	4. FEI Number: 65-0354003	Applied For / Not Applicable
State, Apt. #, etc. (22)	State, Apt. #, etc. (27): P.O Box 450549	5. Certificate of Status Desired: X	$8.75 Additional Fee Required
City & State (23)	City & State (28): Sunrise, Fl	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
(24) / County (25)	Zip (29): 33345 / County (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BARAK, ALEX T.
633 N.E. 167TH STREET
SUITE 517
NORTH MIAMI BEACH FL 33162

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 607.0502 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD ARTSIBACHEV, VLADIRMIR 250 174TH ST., #301 MIAMI FL	☐ Change ☐ Addition
VST ARTSIBACHEV, VLADIRMIR 250 174TH ST., #301 MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 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: ✓ [signature] 6-9-95 305-748-9006

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

0230526 CP