FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V39850 (5)

1. Corporation Name
POSE & LEVAIN CORPORATION

Principal Place of Business	Mailing Address
9424 ABBOTT AVE. SURFSIDE FL 33154 US	9424 ABBOTT AVE. SURFSIDE FL 33154 US

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0335660 ☐ Applied For ☐ Not Applicable

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

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**

PEREZ, LILIANA
8665 NW 6TH LN #112
MIAMI FL 33126

10. **Name and Address of New Registered Agent**

81 Name: LILIANA BEATRIZ VAZQUEZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 9424 ABBOTT AVE
84 City: MIAMI FL 85 Zip Code: 33154

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] LILIANA BEATRIZ VAZQUEZ AGENT April 25, 1996
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	VAZQUEZ, LILIANA BEATRIZ	
STREET ADDRESS	9424 ABBOTT AVENUE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DV	☐ DELETE
NAME	LEVAIN, GUILLERMO	
STREET ADDRESS	9424 ABBOTT AVENUE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DS	☐ DELETE
NAME	PEREZ, MARIA ISABEL	
STREET ADDRESS	1363 BIARRITZ DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	XX	☒ DELETE
NAME	POSEXMARCELOXRX	
STREET ADDRESS	X363X BIARRITZ DRX	
CITY-ST-ZIP	MIAMIXBCHXFX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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] President April 24/1996 (305)592-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)