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
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40413** **(9)**

1. Corporation Name
FREMSCA INTERNATIONAL DIVISION, INC.

Principal Place of Business	Mailing Address
3437 NW 44TH ST STE 106 OAKLAND PARK FL 33309 US	3437 NW 44TH ST STE 106 OAKLAND PRK FL 33309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21 5440 Nortn St. Rd. 7
Suite, Apt. #, etc.
22 SUITE 217
City & State
23 Ft. Lauderdale FL
Zip 24 33319 Country 25 USA

2a. Mailing Address
26 5440 North St. Rd. 7
Suite, Apt. #, etc.
27 SUITE 217
City & State
28 Ft. Lauderdale FL.
Zip 29 33319 Country 30 USA

4. FEI Number: 65-0354827 ☐ 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

MEDINA, JOSE
3437 NW 44TH ST
STE 106
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name: Jairo Bosch
82 Street Address (P.O. Box Number is Not Acceptable): 5440 N. State Road 7, Suite 8
83
84 City: Fort Lauderdale FL 85 Zip Code: 33319

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] 7/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPT	☑ Change ☐ Addition
NAME	MEDINA, JOSE	1.2 NAME	MEDINA, JOSE	
STREET ADDRESS	3437 NW 44TH ST 106	1.3 STREET ADDRESS	5440 N. ST. Rd. 7, STE #217	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33319	
TITLE	DVS	2.1 TITLE	DVS	☑ Change ☐ Addition
NAME	MOLERO, EGLEXCY	2.2 NAME	Molero, Eglexcy	
STREET ADDRESS	3437 NW 44TH ST #106	2.3 STREET ADDRESS	5440 N. ST. Rd. 7, STE. #217	
CITY-ST-ZIP	OAKLAND PRK FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33319	
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 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: X [signature] 7/7/95 305/733-2647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210667 CP