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

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **V42479** **(8)**

1. Corporation Name
THREE AMERICAS INC.

Principal Place of Business
30 SPYGLASS ALLEY
CAPE HAZE FL 33946
US

Mailing Address
30 SPYGLASS ALLEY
CAPE HAZE FL 33946

2. Principal Place of Business
21 FLEAMASTER MALL
Suite, Apt. #, etc.
22 BLUE AISLE 93 to 101
City, & State
23 FORT MEYERS, FLORIDA
Zip 24 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/10/1992
3a. Date of Last Report: 04/20/1995
4. FEI Number: 65-0341678 — 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
GAIO, ROSEMARIE AND ALEXANDER GAIO
30 SPYGLASS ALLEY
CAPE HAZE FL 33946

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

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	GAIO, ROSEMARIE	
STREET ADDRESS	30 SPYGLASS ALLEY	
CITY, ST, ZIP	CAPE HAZE FL	
TITLE	P	☐ DELETE
NAME	GAIO, ALEXANDER	
STREET ADDRESS	30 SPYGLASS ALLEY	
CITY, ST, ZIP	CAPE HAZE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing, and voluntarily furnished, 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: Rose Marie Gaio ROSE MARIE GAIO 1-29-96 941-697-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #