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 FEB 22 AM 11:03

DOCUMENT # V47913 (1)

1. Corporation Name
AMBASSADOR AGENCIES, INC.

Principal Place of Business	Mailing Address
3625 NW 82 AVE. 215 MIAMI FL 33166 US	3625 NW 82 AVE. 215 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0340523 ☐ 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

BURKE, ROY
3625 NW 82 AVE.
STE. 215
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: GIROD, ERNEST
82 Street Address (P.O. Box Number is Not Acceptable): 3625 NW 82ND AVE.
83: SUITE 215
84 City: MIAMI FL 85 Zip Code: 33166

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: [signature] ERNEST A. GIROD, C.E.O. 02/15/95
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	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BURKE, ROY	1.2 NAME		
STREET ADDRESS	3625 NW 82 AVE, STE. 204	1.3 STREET ADDRESS	GIROD, ERNEST 3625 NW 82ND AVE., STE. 215	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSS-SOLOMON, PETER	2.2 NAME		
STREET ADDRESS	DUKE & PT. ROYAL STREETS	2.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON JA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GIROD, ERNEST	3.2 NAME	SABGA, ANTHONY	
STREET ADDRESS	KINGSTON BLDG. - THIRD ST.	3.3 STREET ADDRESS	ANSA MCAL	
CITY-ST-ZIP	KINGSTON JA	3.4 CITY-ST-ZIP	PORT-OF-SPAIN, TRINIDAD	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GODDARD, JOSPEH	4.2 NAME		
STREET ADDRESS	CARLISLE HOUSE - HINCK ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGETOWN BA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BITTER, PAUL	5.2 NAME		
STREET ADDRESS	19 KNOTSFORD BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON S.	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NASSIEF, PHILLIP	6.2 NAME		
STREET ADDRESS	MAIN ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELFAST DO	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)(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] 02/15/95 (305) 477-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERNEST A. GIROD

0102822 CP