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
95 JAN 25 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52894 (5)

1. Corporation Name
WE SHOOT'EM, INC.

Principal Place of Business	Mailing Address
~~110 ZAMORA AVE~~ 1200 ANASTASIA AVE. ~~SUITE 9~~ CORAL GABLES FL 33134	~~110 ZAMORA AVE SUITE 9~~ 1200 ANASTASIA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 BILTMORE HOTEL EXEC.CTR
Suite, Apt. #, etc.
22 1200 ANASTASIA AVENUE
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 BILTMORE HOTEL EXEC CTR
Suite, Apt. #, etc.
27 1200 ANASTASIA AVENUE
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 USA

4. FEI Number: 65-0346781 ☐ 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

ADAMS, RICHARD J JR
4960 SW 72ND AVE
SUITE 303
MIAMI FL 33155

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DPV~~ DP	11 TITLE	DV ☐ Change ☒ Addition
NAME	CHAVEZ, MARIA	12 NAME	VALERIE SHIELDS
STREET ADDRESS	~~110 ZAMORA AVE #9~~ 1200 ANASTASIA AVE.	13 STREET ADDRESS	1200 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	ARBER, FABIO	22 NAME	
STREET ADDRESS	~~110 ZAMORA AVE #3~~ 1200 ANASTASIA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	~~CALDERON, ADOLFO A~~ ADOLFO ALVAREZ-CALDERON	32 NAME	
STREET ADDRESS	~~110 ZAMORA AVE #3~~ 1200 ANASTASIA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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 any attachment with an address.

SIGNATURE: _____ ADOLFO ALVAREZ-CALDERON 1/17/95 (305) 442-0048
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0188380 CP