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

APPROVED AND FILED

'95 MAR -6 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63127 (7)

1. Corporation Name
COLIBRI AMERICA, INC.

Principal Place of Business	Mailing Address
500 S.E. 17TH STREET FT. LAUDERDALE FL 33316	500 S.E. 17TH STREET FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1992
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 239 COMMERCIAL BLVD.
Suite, Apt. #, etc.: 22
City & State: 23 LAUDERDALE-BY-THE-SEA, FL
Zip: 24 33308 Country: 25 US

2a. Mailing Address
26 239 COMMERCIAL BLVD.
Suite, Apt. #, etc.: 27
City & State: 28 LAUDERDALE-BY-THE-SEA, FL
Zip: 29 33308 Country: 30 US

4. FEI Number: 65-0355196 ☐ 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

BURTON, ANDRE S.
4310 SHERIDAN STREET
HOLLYWOOD FL 33021

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: [illegible] (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	DPS ☒ Change ☐ Addition
NAME	LILLIESKOLD, JAN J.	12 NAME	LILLIESKOLD, JAN J.
STREET ADDRESS	500 SE 17TH ST.	13 STREET ADDRESS	239 COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 declare, to the best of my knowledge and belief, this report is complete and accurate and that all amounts and due dates are correct. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a violation of section 817.155, Florida Statutes.

SIGNATURE: JAN J. LILLIESKOLD 3/1/95 (305) 351 7131
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone #

0224734 CP