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 APR 13 PM 2:44
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V67185

1. Corporation Name: MINORITY MATERIALS, INC.

Principal Place of Business: 370 ENTERPRISE ST. OCOEE, FL 34761

Mailing Address: PO BOX 310 OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-29-92
3a. Date of Last Report: 5-1-94
4. FEI Number: 59-3143197 ☐ 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

2. Principal Place of Business

21	370 ENTERPRISE ST
22 Suite, Apt. #, etc	
23 City & State	OCOEE FL
24 Zip	34761
25 Country	USA

2a. Mailing Address

26	PO BOX 310
27 Suite, Apt. #, etc.	
28 City & State	OCOEE, FL
29 Zip	34761
30 Country	USA

9. Name and Address of Current Registered Agent

INGA LOGAN
370 ENTERPRISE ST.
OCOEE, FL 34761

10. Name and Address of New Registered Agent

81 Name: INGA LOGAN
82 Street Address (P.O. Box Number is Not Acceptable): 370 ENTERPRISE ST.
83
84 City: OCOEE 85 FL Zip Code: 34761

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: Inga Logan INGA LOGAN, PRES. 3-21-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	P/VP/S/T/D
NAME	INGA LOGAN
STREET ADDRESS	370 ENTERPRISE ST.
CITY ST ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE	900001425539	☐ Change ☐ Addition
2 2 NAME	-04/14/95--01069--008	
2 3 STREET ADDRESS	****208.75 ****208.75	
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP	LW 4-13-95	

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: Inga Logan 3-21-95 (407) 399-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone