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 -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67251 (1)

1. Corporation Name
TNA PALMS, INC.

Principal Place of Business
8425 BISCAYNE BLVD.
MIAMI FL 33138
US

Mailing Address
P. O. BOX 381703
MIAMI FL 33138
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0363291 — 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
LEONI, TODD
225 NE 24TH ST.
SUITE 101
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name: TODD LEONI
82 Street Address (P.O. Box Number is Not Acceptable): 8425 BISCAYNE BLVD
83
84 City: MIAMI FL 85 Zip Code: 33138

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: TODD LEONI, PRESIDENT 2/22/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEONI, TODD
STREET ADDRESS	225 NE 24TH ST., STE. 101
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	~~RUBIN, ANDREW~~ Resigned
STREET ADDRESS	~~225 NE 24TH ST., STE. 101~~
CITY-ST-ZIP	~~MIAMI FL~~
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

11 TITLE	P	☒ Change ☐ Addition
12 NAME	TODD LEONI	
13 STREET ADDRESS	8425 BISCAYNE BLVD	
14 CITY-ST-ZIP	MIAMI, FL 33138	
21 TITLE	ST	☒ Change ☐ Addition
22 NAME	TODD LEONI	
23 STREET ADDRESS	8425 BISCAYNE BLVD	
24 CITY-ST-ZIP	MIAMI, FL 33138	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: TODD LEONI, PRESIDENT 2/22/95 305-756-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

0431301 FP