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 JUN 29 PM 2: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # V72962 (6)

1. Corporation Name: AARTEE ENTERPRISES INC

Principal Place of Business: 91 Isle of Venice, Dock 5, Ft Lauderdale FL 33301
Mailing Address:

3. Date Incorporated or Qualified: 10/16/92
3a. Date of Last Report: 8/10/94
4. FEI Number: 65-0363493 — 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 91 Isle of Venice
22 Suite, Apt. #, etc.: Dock 5
23 City & State: Ft Lauderdale FL
24 Zip: 33301 — 25 Country: USA

2a. Mailing Address
26 PO Box 2502
27 Suite, Apt. #, etc.:
28 City & State: Ft Lauderdale FL
29 Zip: 33303 — 30 Country: USA

9. Name and Address of Current Registered Agent

Royale Management Services Inc
2319 N Andrews Ave
Ft Lauderdale FL 33311

10. Name and Address of New Registered Agent

81 Name: COTHERMAN BUSINESS SYSTEMS INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2112 Cypress Bend Drive South
83 Suite #803
84 City: Pompano Beach FL 85 Zip Code: 33069

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: [signature] President — 6/20/95
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/T/D ☑ Change ☐ Addition
NAME	PAUL, RICHARD T.	1 2 NAME	PAUL, Richard T.
STREET ADDRESS		1 3 STREET ADDRESS	2230 NE 56th Place #205
CITY - ST - ZIP		1 4 CITY - ST - ZIP	Ft Lauderdale FL 33308
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	6/29
CITY - ST - ZIP		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)(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: Richard T. Paul — 6/15/95 — (305)767-9476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD T. PAUL