FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725334 (7)

1. Corporation Name
POST 682,JWV HOLDING CORP.

Principal Place of Business	Mailing Address
C/O RALPH LEVINE 2880 NE 203 ST. APT.1 MIAMI FL 33180	C/O RALPH LEVINE 2880 NE 203 ST. APT.1 MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1973
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0054164 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

~~STEINBERG, IRVIN~~
~~1086 NW 81 AVE BLDG 18~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent

81 Name: Ralph Levine
82 Street Address (P.O. Box Number is Not Acceptable): 2880 NE 203 St Apt.1
83
84 City: MIAMI FL 85 Zip Code: 33180

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: Ralph Levine — Ralph Levine — 4/23/95
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	SD	11 TITLE	P/D ☒ Change ☒ Addition
NAME	WARMBRANOT, JUSTINE	12 NAME	JANICE ALTER
STREET ADDRESS	16265 N E 8TH AVE	13 STREET ADDRESS	17940 NE 19 AVE
CITY-ST-ZIP	N MIAMI BCH, FL 00000	14 CITY-ST-ZIP	N. MIAMI Beach Fl. 33162
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, RALPH	22 NAME	
STREET ADDRESS	2880 NE 203 ST. 1	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	V/D ☒ Change ☒ Addition
NAME	MASSARSKY, BARNEY	32 NAME	Justine Warmbrandt
STREET ADDRESS	1230 NE 172 ST.	33 STREET ADDRESS	461 Ives Dairy Road
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	N. Miami Beach Fl. 33179
TITLE		41 TITLE	S/D ☐ Change ☒ Addition
NAME		42 NAME	Herbert Bergen
STREET ADDRESS		43 STREET ADDRESS	750 SW 138 Ave Plymouth F-403
CITY-ST-ZIP		44 CITY-ST-ZIP	Pembroke Pines Fl. 33027
TITLE		51 TITLE	P/D ☐ Change ☒ Addition
NAME		52 NAME	Eugene Ferber
STREET ADDRESS		53 STREET ADDRESS	221- 17467 #301
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami Beach Fl. 33162
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph Levine — Ralph Levine — 4/23/95 — 305-931-3762
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0044911