STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the e-indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execute.

an attachment with an address

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) B & Z BEACHWARE, INC. Mailing Address Principal Place of Business % ZVI YUZ 350 OCEAN DRIVE 350 OCEAN DRIVE DO NOT WRITE IN THIS SPACE **KEY BISCAYNE FL 33149** KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 10/29/1984 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number W. OAK-HAVEN CINELE 29-0025876 20201 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 28 NONTH MINMI BUNC 23 Added to Fees Trust Fund Contribution Country Zip 8. This corporation owes or has paid the current year Intangible 33179 24 25 Personal Property Tax due June 30. Ves. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent YUZ, ZVI BEVY 350 OCEAN DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 W. DAKHAVEN **KEY BISCAYNE FL 33149** 20201 Circle 83 Zip Code 33179 84 NOUTH MIAMI Beach 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 a cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agont's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS THLE DELETE 11 THILE Change Addition YUZ, BEATRICE YUZ, BEATRICE NAME 1.2 NAME 20201 w OAKhaven Cie 20201 W OAKHAVEN CIR STREET ADDRESS 1.3 STREET ADDRESS 33179 NORTH MIAMI BEACH FL NORTH MIAMI BEACH CITY-ST-ZIP DELETE Change Addition TITLE 211 1F NAME 22 N STREET ADDRESS 23 HEET ADDRESS CITY-ST-ZIP 2.4 Y-\$1-21P Change Addition TITLE DELETE 3.1 NAME 3.2 STREET ADDRESS 3.3 E1 ADDRESS CITY-ST-ZIP -ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS ET ADDRESS CITY - S1 - ZIP ST-7IP DELETE 5.1 Change Addition TITLE NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIP ST-21P DELFTE ☐ Change ■ Addition TITLE NAME 6.2

FT ADDRESS

inption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears to

6.3