

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26796**
1. Corporation Name
S.F. CRYSTAL, INC.

Principal Place of Business: **3575 NE 207 ST # B4 NO MIAMI BCH, FL. 33180**
Mailing Address: **SAME**

3. Date Incorporated or Qualified: **6-22-1988** 3a. Date of Last Report: **4-27-95**

21	21a	26	26a
Principal Place of Business	Mailing Address	FEI Number	Applied For
3575 NE 207 ST	3575 NE 207 ST	65-0057593	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc		
B4	B4		
City & State	City & State		
N. MIAMI BCH FL	NO MIAMI BCH FL		
Zip	Country	Zip	Country
33180	USA	33180	USA

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				10. Name and Address of New Registered Agent			
FREDERICK STRAUSS				81 Name			
3701 NE 208 ST				82 Street Address (P.O. Box Number is Not Acceptable)			
N. MIAMI BCH, FL				83			
33180				84 City			
				FL 85 Zip Code			

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 _____ DATE _____
Signature (Typed or printed name of registered agent and the applicable date) Registered Agent's signature (required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK STRAUSS	1.2 NAME	
STREET ADDRESS	3701 NE 208 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 33180	1.4 CITY-ST-ZIP	
TITLE	DIC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHELLE STRAUSS	2.2 NAME	
STREET ADDRESS	3701 NE 208 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 33180	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****200.00**

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: *Rochelle Strauss* **7-14-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)