SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $373)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:11

DOCUMENT # **L51790** **(8)**

1. Corporation Name

ABE L. MITCHELL INC

Principal Place of Business	Mailing Address
1402 E. LAS OLAS BLVD., SUITE 1011 STE. 1011 FT. LAUDERDALE FL 33301 US	1402 E. LAS OLAS BLVD., SUITE 1011 STE. 1011 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 3741 N.E 163 St	26 3741 N.E. 163 St
Suite, Apt. #, etc 22 Suite 131	Suite, Apt. #, etc 27 Suite 131
City & State 23 North Miami Beach FL	City & State 28 North Miami Beach FL
Zip / County 24 33160 / 25	Zip / County 29 33160 / 30

4. FEI Number: 65-0171127 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

7. 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
MITCHELL, ABE L. 1402 E. LAS OLAS BLVD., SUITE 1011 FT. LAUDERDALE FL 33301	81 Name: Mitchell Abe L. 82 Street Address (P.O. Box Number is Not Acceptable): 3741 NE 163 St 83 Suite 131 84 City: North Miami Beach FL 85 Zip Code: 33160

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, type 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, OR DELETIONS		
TITLE	PVD	11 TITLE	PVD	☑ Change ☐ Addition
NAME	MITCHELL, ABE L.	12 NAME	Mitchell, Abe L.	
STREET ADDRESS	1402 E. LOS OLAS BLVD.	13 STREET ADDRESS	3741 NE 163 St Suite # 131	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	North Miami Beach FL 33160	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: Abe L. Mitchell Abe L. Mitchell June 15, 1995 305-858-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070036 CP