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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:41

DOCUMENT # L53492 (9)

1. Corporation Name
TRADITIONAL HEIRLOOMS, INC.

Principal Place of Business	Mailing Address
% NATHAN I. LEDER ~~444 BRICKELL AVE. SUITE 1050~~ ~~MIAMI FL 33131~~	% NATHAN I. LEDER ~~444 BRICKELL AVE. SUITE 1050~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1990	3a. Date of Last Report: 01/20/1994
4. FEI Number: 65-0175418	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	2a. Mailing Address
21 5200 Blue Lagoon Dr.	26 (Same)
22 Suite, Apt #, etc: # 600	27 Suite, Apt #, etc:
23 City & State: Miami, FL	28 City & State:
24 Zip: 33126 — 25 Country: USA	29 Zip: — 30 Country:

9. Name and Address of Current Registered Agent

LEDER, NATHAN I.
~~444 BRICKELL AVE~~
~~SUITE 1050, RIVERGATE PLAZA~~
~~MIAMI FL 33131~~

5200 Blue Lagoon Dr.
Suite 600
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	LEDER, NATHAN I.	1 2 NAME	
STREET ADDRESS	~~444 BRICKELL AVE, #1050~~	1 3 STREET ADDRESS	5200 Blue Lagoon Drive #600
CITY ST ZIP	~~MIAMI FL~~	1 4 CITY ST ZIP	Miami, FL 33126
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	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I 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: [signature] 1/11/95 (305) 261-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Nathan I. Leder

0132304 CP