

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 APR -4 AM 10: 54

DOCUMENT # **M33192** (9)

1. Corporation Name
MERCHANDISING ASSOCIATES, INC.

Principal Place of Business Mailing Address
9580 DORAL BLVD. MIAMI FL 33178 **9580 DORAL BLVD. MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/05/1986** 3a. Date of Last Report **10/31/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2680655** 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

9. Name and Address of Current Registered Agent

**HORWITZ, STEPHEN
10605 SW 129 TERRACE
MIAMI FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HORWITZ, STEPHEN W.
STREET ADDRESS	10605 SW 129 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	
4. 4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME	
6. 3 STREET ADDRESS	
6. 4 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 110.07(3)(b), 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 of the recipient of this report 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, unchanged, or on an attachment with an asterisk.

SIGNATURE: *Stephen Horwitz*
STEPHEN HORWITZ

3.14.95 205-477-7900
DATE (month/year) Telephone Number