

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
CORPORATE CORPORATIONS

APPROVED AND FILED
MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M54341** (6)

1. Corporation Name
BASSOON HERITAGE EDITION, INC.

Principal Place of Business: **BOX 4491 FT. LAUDERDALE FL 33338**
Mailing Address: **BOX 4491 FT. LAUDERDALE FL 33338**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **06/23/1987** 3a. Date of Last Report: **01/27/1994**
4. FEI Number: **59-2844797** Applied For: Not Applied:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.042 Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. State: **FL** 26. State: **FL**
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKOLNICK, HENRY D.
3371 SW 22ND ST
FT. LAUDERDALE FL 33312**

B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3.
B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 199.041 and 199.042, 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 Sections 199.041 and 199.042, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title) _____ Signature of Agent (Print Name and Title) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME D SKOLNICK, HENRY D. 3371 SW 22ND ST FT LAUDERDALE FL		13.1 NAME 1. NAME 2. STREET ADDRESS 3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME D GNAGEY-SKOLNICK, ROCHELLE 3371 SW 22ND ST FT. LAUDERDALE FL		13.2 NAME 4. NAME 5. STREET ADDRESS 6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY & STATE		13.3 NAME 7. NAME 8. STREET ADDRESS 9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY & STATE		13.4 NAME 10. NAME 11. STREET ADDRESS 12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE		13.5 NAME 13. NAME 14. STREET ADDRESS 15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.041 and 199.042, Florida Statutes. I further certify that the information indicated on the 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 reason or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on the document with an address.

SIGNATURE: *Henry Skolnick* Henry Skolnick 4-7-95 (305) 797-6324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
FILED

DOCUMENT # **M54382**

(0)

ELITE COURIER SERVICE INC.

1995
MAY 10 10:25
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

172 W FLAGLER ST STE. 340 MIAMI FL 33131 US	172 W FLAGLER ST STE. 340 MIAMI FL 33131 US
2	2a
21	26
22	27
23	28
24	29

DATE OF REPORT

3. Date of Incorporation/Reorganization: **06/23/1987**

3a. Date of Last Report: **05/01/1994**

4. FIC Number: **59-2818574**

5. Certificate of Status Reserved: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.03C, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

JIMENEZ, GEORGE
172 W FLAGLER ST
STE. 340
MIAMI FL 33131

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address: (P.O. Box Number is Not Acceptable) _____

B3 _____

B4 City: _____

FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(2)(b), Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office of residence to that of the State of Florida. Such change was authorized by the corporation's Board of Directors, twenty (20) days before the appointment as registered agent. I am hereby withdrawing the resignation of said former Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	POSITION
JIMENEZ, GEORGE	P
917 WALLACE STREET	3915 S.W. 60th
CORAL GABLES FL	Miami, FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and is true and correct, for the corporation stated in its name (S/8/95) Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am not a resident of the State of Florida. I am hereby empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report as required by Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (305) 373-5483