FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043035 (2)

MAKERY CORPORATION

FILED Apr 22 1997 8:00am Secretary of State



Principal Place of Business 1016-16 BIARRITZ DRIVE MIAMI BEACH FL 33141		Mailing Address 1095 N SHORE DRIVE MIAMI BEACH FL 33141-2441 US						
					3. Date Incorporated or Qualified 06/08/1994	3a. Date 04/25		eport
2. Principal Pl	lace of Business	2a. Mailing Address	^		4. FEI Number		Ar	plied For
21		26 1095 N. Shope Oh			65-0511921			ot Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	0	City & State		·	6. Election Campaign Financing		\$5.00	May Be
23		28 M. B. F/	4		Trust Fund Contribution			to Fees
Z _I p	Country	Zip	Co	untry	8. This corporation has liability for			. 199.032,
24	25	29 33141	30	U.S. A.		Yes 🔲		
	9, Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Ag	ent	
	SERSTEIN, RICHARD			81 Name				
1	NORMANDY DRIVE		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
MIA	MI BEACH FL 33141			83				
								_
ł				84 City		FL	B5 Zip	Code
44 Diverged	to the provisions of Spetions CO7.06	02 and 607 1609 Florida Ctr	tutos the c	boys pamed por	poration submits this statement for the p		opping li	s registered
office or n	egistered agent, or both, in the State	e of Florida, Such change wi	as authorize	d by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appoin	lment as	registered
agent. La	m familiar with, and accept the obliq	gations of, Section 607,0505,	Florida Sta	itutes.				
SIGNATURE	Signature, typed or printed name of registered ac	and title d anniversity	VOTE: Panietar	ed Agent signature requi	red when reinstalion	DATE		
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		IRECTO	3S IN 12
7116	PVST	DELETE	-	TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	BRILL, SARA		1.21	IAME				
STREET ADDRESS	1016-18 BIARRITZ DRIVE		1.3 9	TREET ADDRESS				
City-St-7IP	MIAMI BEACH FL 33141		1.4 (CITY-ST-ZIP				
TITLE	D	DELETE	2.1 3				Change	Addition
NAME	BRILL, SARA		2.2 !	IAME				
STREET ADDRESS	1016-18 BIARRITZ DRIVE		2.3 5	STREET ADDRESS				
C11Y - S1 - ZIP	MIAMI BEACH FL 33141			CITY-ST-ZIP				
TITLE		DELETE		ITLE			Change	Addition
NAMÉ			3.21	NAME	T.			
STREET ADDRESS				STREET ADDRESS				
CITY-SI-ZII				CITY-ST-ZIP				
THLE		☐ DELETE		TIFLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3 \$	STREET ADDRESS				
CITY-S1-ZIF			4,4 9	DITY-ST-ZIP				
TITLE		DELETE		TITLE			Change	Addition
NAMÉ				NAME				
STREET ADDRESS				STREET ADDRESS				
CATY - ST - ZIP				CITY-ST-ZIP				
TITLE		DELETE		TITLE		E	Change	Addition
NAME				NAME			•	
STREET ADORESS				STREET ADDRESS				
				CITY-ST-ZIP				
CITY - S1 - 71P	I		0.41	9111-91-48°				

14. I do hereby certify that the information supplied with this filing 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:

Same Brokewilled

1305) 866767/