FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 4-20-95 A 3938

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97491** **(2)**

1. Corporation Name
S.B.P. AND ASSOCIATES OF HIALEAH, INC.

Principal Place of Business	Mailing Address
1257 W 68TH STREET HIALEAH FL 33014 US	1257 W. 68TH STREET HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0300194 ☐ 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

BLUTSTEIN, GEORGE J
303-20801 BISCAYNE BLVD
AVENTURA FL 33180

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☐ Addition
NAME	PASKIND. STEPHEN B	12 NAME		
STREET ADDRESS	11575 S W 37TH COURT	13 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	MARINOFF, GERALD	22 NAME		
STREET ADDRESS	18540 N BAY ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PASKIND, PAMELA D	32 NAME		
STREET ADDRESS	11575 S.W. 37TH COURT	33 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	PASKIND-FLESNER, CARLA	42 NAME	PASKIND-FLESNER, CARLA	
STREET ADDRESS	11575 S.W. 37THG COURT	43 STREET ADDRESS	2910 OLD ORCHID RD	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	DAVIE, FL. 33328	
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		

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: Steven B. Paskind Director 4-16-95 305-[illegible]7462
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)
STEVEN B. PASKIND DIRECTOR

CR