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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 MAR 28 PM 4:20

DOCUMENT # L81144 (2)

1. Corporation Name
LOX HAVEN, INC.

Principal Place of Business	Mailing Address
1800 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 US	5715 MARGATE BLVD. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0263631 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHIMMEL, ROBERT L
3191 CORAL WAY PH2
~~100 S.E. 2ND STREET~~
MIAMI FL 33145

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	MARKMAN, STANLEY	1 2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1 4 CITY-ST-ZIP	
TITLE	VPD	2 1 TITLE	☐ Change ☐ Addition
NAME	PFEFFER, STANLEY	2 2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	2 3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	ZACHER, HARVEY	3 2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	3 3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	BOLTON, RICHARD,	4 2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	4 3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	GAFFIN, HAROLD	5 2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	5 3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 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: [signature] VP STANLEY PFEFFER VP 3/23/95 (305) 977-7300

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