FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L42918** **(7)**

1. Corporate Name

ALLAJAR, INC.

Principal Place of Business

C/O LEVINE, BUSCH, SCHNEPPER & STEIN
9100 S. DADELAND BLVD., STE 1010
MIAMI FL 33156

Mailing Address

C/O LEVINE, BUSCH, SCHNEPPER & STEIN
9100 S. DADELAND BLVD., STE 1010
MIAMI FL 33156

(ENTER WHITE OF THIS SPACE)

3. Date Incorporated/Qualified (if other) **01/16/1990**

3a. Date of Last Report **04/06/1994**

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23

2a. Mailing Address
26
Suite, Apt. #
27
City, State
28

4. FEI Number **65-0166684** 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. Does corporation owe any Florida taxes? ☐ Yes ☐ No

24 25 29 30

9. Name and Address of Current Registered Agent

STEIN, BARRY A
9100 S. DADELAND BLVD.
SUITE #1010
MIAMI FL 33156

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. Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I agree to comply with the provisions of all laws applicable to the performance of such duties.

Signature

12. Officer and Director

D
STEIN, BARRY A.
9100 S. DADELAND BLVD.
MIAMI FL

13. Additional Officers and Directors

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption statutes listed in Title XXXVI, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the signature below authorizes this report to be 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 11 or Block 12 if changed or added by this report.

SIGNATURE: Barry Stein BARRY A STEIN Pres 4/22/95 305 670 2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0167629 CP