

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:24

DOCUMENT # 572433 (1)

1. Corporation Name
SHAMIRA HOLDING CORP., INC.

Principal Place of Business Mailing Address
234 EGLINTON AVENUE, EAST #606 234 EGLINTON AVENUE, EAST #606
TORONTO, ONT., CANADA 20436-6255 TORONTO, ONT., CANADA 20436-6255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1978 3a. Date of Last Report 04/28/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1822641		Not Applicable	
Suits, Apt #, etc.		Suits, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		24		30	
25		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEIG, MARC I. 8000 PETERS ROAD PLANTATON FL 33324				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 607.0502 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) (2011 Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, VIKTOR	1.2 NAME	
STREET ADDRESS	234 EGLINTON AVE.E.#606	1.3 STREET ADDRESS	
CITY- ST- ZIP	TORONTO ONTARIO CA	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, HAIM	2.2 NAME	
STREET ADDRESS	234 EGLINTON AVE.E.#606	2.3 STREET ADDRESS	
CITY- ST- ZIP	TORONTO ONTARIO CA	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(1)(b), 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 in an attachment with an address.

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Marc I. Feig**
 DATE: **May 31/95**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 11 11 01 AM

DOCUMENT # 572477 (8)

1. Corporation Name
ROMA FOOD ENTERPRISES OF FLORIDA, INC.

Principal Place of Business • Mailing Address
% LOUIS PIANCONE **% LOUIS PIANCONE**
7520 CHANCELLOR DRIVE **7520 CHANCELLOR DRIVE**
ORLANDO FL 32809 **ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/19/1978 **02/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25 45 STANFORD ROAD		59-1875848		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		28 City & State		8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		29 PISCATAWAY, NJ		24 Zip		25 Country	
29 08854		30 MIDDLESEX					

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
PIANCONE, LOUIS 7520 CHANCELLOR DRIVE ORLANDO FL 32809				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

I, 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	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIANCONE, LOUIS	1.2 NAME	
STREET ADDRESS	7520 CHANCELLOR DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRONI, JOHN J.	2.2 NAME	
STREET ADDRESS	7520 CHANCELLOR DRIVE	2.3 STREET ADDRESS	RESIGNED JANUARY 31, 1995.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: **Louis Piancone** 6/5/95 (407) 857-2440
President SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date System (FPC 4)

CR2E034 (3/95)

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 575300 (9)

1. Corporation Name
THE LUSTIG COMPANY

Principal Place of Business 3600 STATE ROAD 7-4307 MIRAMAR FL 33023	Mailing Address 3600 STATE ROAD 7. #307 MIRAMAR FL 33023
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2. Principal Place of Business 21 19501 N.E. 10TH AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 3600 STATE ROAD 7. #307 Suite, Apt. #, etc.
22 SPICE 203 City & State	27 SAME City & State
23 NORTH MIAMI BEACH, FL Zip	28 FL City & State
24 33179 Zip	25 USA Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 JUN 14 1995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1978	3a. Date of Last Report 08/15/1994
4. FEI Number 59-1835364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.037 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LUSTIG, PRESCOTT T.
 #1609
 3600 MYSTIC POINT DRIVE
 NORTH MIAMI BEACH 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
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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTIG, PRESCOTT T.	12 NAME	
STREET ADDRESS	3600 MYSTIC POINTE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTIG, MAUDENE M. JAMES G. ROBERTS	22 NAME	
STREET ADDRESS	3600 MYSTIC POINTE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 the report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Prescott T. Lustig* **6/18/95** 305-651-5550
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUN 11 AM 9:29

DOCUMENT # 578174 (5)

1. Corporation Name
MARKETRONICS CORPORATION

Principal Place of Business Mailing Address
**320 INTERNATIONAL PKWY 320 INTERNATIONAL PKWY
SUNRISE FL 33325 SUNRISE FL 33325**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/10/1978 06/21/1994

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **26** **59-1842249** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 27 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State City & State 8. This corporation has liability for intangible tax under a. 194.042, Florida Statutes Yes No

23 28 24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**GLASSER, GENE K
2021 TYLER ST
HOLLYWOOD FL 33022** 61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	PO	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN A.	1 2 NAME	
STREET ADDRESS	RT. 6, BOX 464K	1 3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERLAND KEY FL	1 4 CITY - ST - ZIP	1082 SPANISH MAIN CUDJIBE KEY FL 33042
TITLE	VSD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOYOLA, FRANCISCO	2 2 NAME	
STREET ADDRESS	1274 TERRY STONE CT	2 3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 11 AM 9:58

DOCUMENT # **578669** (4)

1. Corporation Name
AMERICAN HANDCRAFT CORP.

Principal Place of Business Mailing Address
1414 NW 107 AVE SUITE 106 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1978** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1470-R NW 107TH AVE** 26 **1470-R NW 107TH AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2222687** Applied For
Not Applicable

22 **\$8.75 Additional Fee Required**

23 **Miami, FL.** 28 **Miami, FL.** 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33172** 25 **USA** 29 **33172** 30 **USA** 8. This corporation has liability for intangible tax under s. 199 U.S.F. Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRUDSKY, NATALJO E
7154 SOUTHWEST 103 COURT CIRCLE
MIAMI FL 33173**

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, Agent or preferred officer of registered agent and title (if applicable)

(A-11) Registered Agent signature required after reinitiation

15-11

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD ABRUDSKY, NATALJO 7154 SW 103RD CT. CIR. MIAMI FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S ABRUDSKY, CESAR 10837 NW 7TH STREET MIAMI FL	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 governor 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 as an attachment with an address.

SIGNATURE: **NATALJO ABRUDSKY**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95 **477-5000**
Date Telephone No.