SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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
95 JUL 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **283977** **(7)**

1. Corporation Name
CONGRESS TEN PINS,INC.

Principal Place of Business	Mailing Address
6917 COLLINS AVENUE MIAMI BEACH FL 33141	6917 COLLINS AVENUE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1964	04/14/1994

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

4. FEI Number: 59-1054538 ☐ 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

POSNER, MARTIN
6917 COLLINS AVENUE
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name: Castellano, Brenda N.
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Avenue
83: Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

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: Brenda N. Castellano Brenda N. Castellano, Exec. Vice Pres. 6/29/95
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	P/D/CEO	☒ Change ☐ Addition
NAME	POSNER, VICTOR	1.2 NAME	Posner, Victor	
STREET ADDRESS	6917 COLLINS AVE	1.3 STREET ADDRESS	6917 Collins Ave.	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	VD	2.1 TITLE	Controller	☐ Change ☒ Addition
NAME	POSNER, GAIL Delete	2.2 NAME	Strassberg, Blanche	
STREET ADDRESS	6917 COLLINS AVE	2.3 STREET ADDRESS	6917 Collins Ave.	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	Miami Beach, FL. 33141	
TITLE	CCFO	3.1 TITLE		☐ Change ☐ Addition
NAME	O'REILLY, JOHN Delete	3.2 NAME		
STREET ADDRESS	6917 COLLINS AVENUE	3.3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE	EDST	4.1 TITLE		☐ Change ☐ Addition
NAME	CASTELLANO, BRENDA	4.2 NAME		
STREET ADDRESS	6017 COLLINS AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	MOTTRAM, LISA	5.2 NAME		
STREET ADDRESS	6917 COLLINS AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH 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		

CR2E034 (3/95)

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: Brenda N. Castellano 6/29/95 (305)866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brenda Castellano

004H03 CP