FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 30 AM 7:39

DOCUMENT # **334181** **(5)**

1. Corporation Name
NOVELTY SHOP INC

Principal Place of Business	Mailing Address
10 NW 2ND ST. MIAMI FL 33128	10 NW 2ND ST. MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1968**
3a. Date of Last Report: **04/13/1994**

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

4. FEI Number: **59-1220140** ☐ 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

GORFINKEL, NESTOR B, ESQ
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

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) 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	TD	11 TITLE	☐ Change ☐ Addition
NAME	GORFINKEL, JULIUS H	12 NAME	
STREET ADDRESS	10 NW 2ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, LAZARO	22 NAME	
STREET ADDRESS	10 NW 2ND ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	GORFINKEL, LEON	32 NAME	
STREET ADDRESS	10 NW 2ND ST	33 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, CLARA	42 NAME	
STREET ADDRESS	10 NW 2ND ST	43 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	44 CITY ST ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, JOSE	52 NAME	
STREET ADDRESS	10 NW 2ND ST	53 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	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: X _____ 3/23/95 305 371-3309
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING FILING, OFFICER OR DIRECTOR — Date — Daytime Phone #

JEON GORFINKEL Director