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 MAY -1 PM 1:18

DOCUMENT # **374749** **(0)**

1. Corporation Name
A.S.F., INC.

Principal Place of Business	Mailing Address
17801 NW 2ND AVE MIAMI FL 33169-5069 US	17801 NW 2ND AVE MIAMI FL 33169-5069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1970**
3a. Date of Last Report: **04/28/1994**

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: ~~59-1320360~~ 65-0243907 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSTEIN, ALAN B.
17801 N.W. 2ND AVE
MIAMI FL 33169

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 _____ 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	VAS	11 TITLE		☐ Change ☐ Addition
NAME	PARISH, GLENN	12 NAME		
STREET ADDRESS	17801 NW 2ND AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI F	14 CITY-ST-ZIP		
TITLE	VTS	21 TITLE	VAS	☒ Change ☐ Addition
NAME	GILBERT, T. GLYNN	22 NAME		
STREET ADDRESS	17801 NW 2ND AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI F	24 CITY-ST-ZIP		
TITLE	DVAS	31 TITLE	DVTS	☒ Change ☐ Addition
NAME	GOLDSTEIN, ALAN B	32 NAME		
STREET ADDRESS	17801 NW 2ND AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	President (P)	☐ Change ☒ Addition
NAME	MAHONEY, BARBARA E	42 NAME	Doody, Tricia	
STREET ADDRESS	17801 NW 2ND AVE	43 STREET ADDRESS	17801 N.W. 2nd Ave.	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FL 33169	
TITLE	VAS	51 TITLE	Removed January 1995	☒ Change ☐ Addition
NAME	SABAN, JOANNE	52 NAME	upon resignation from	
STREET ADDRESS	17801 NW 2ND AVE	53 STREET ADDRESS	parent corporation.	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE		☐ Change ☐ Addition
NAME	ARENA, ROBERT	62 NAME		
STREET ADDRESS	17801 NW 2ND AVE	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI F	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, added or deleted.

SIGNATURE: Alan B. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan B. Goldstein, Secretary

Date: April 17, 1995
Daytime Phone #: (305) 770-2093

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