

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **436528** (4)

1. Corporation Name
AVRON, INC.



Principal Place of Business: **1628 NW 38 AVE. LAUDERHILL FL 33311 US**
Mailing Address: **1628 NW 38 AVE. LAUDERHILL FL 33311 US**

3. Date Incorporated or Qualified: **09/20/1973**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1746614**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **AVRON FLORENCE, 8764 NW 75 PLACE, TAMARAC FL 33321**
10. Name and Address of New Registered Agent (81-84): **YAN NULDEL, 1628 N.W. 38 AVE, LAUDERHILL, FL 33311**

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: POST	NAME: AVRON, FLORENCE	1.1 TITLE:	PRESIDENT
STREET ADDRESS: 8764 NW 75 PLACE	CITY-ST-ZIP: TAMARAC FL	1.2 NAME:	NULDEL YAN
TITLE: D	NAME: AVRON, HAROLD	1.3 STREET ADDRESS:	2851 NE 183 ST #505
STREET ADDRESS: 8764 NW 75 PLACE	CITY-ST-ZIP: TAMARAC FL	1.4 CITY-ST-ZIP:	AVENTURA FL 33160
TITLE:	NAME:	2.1 TITLE:	SECRETARY
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	JAMES STRONG
TITLE:	NAME:	2.3 STREET ADDRESS:	7715 RALEIGH ST
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	HOLLYWOOD FL 33024
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
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]* DATE: **4/29/96** (54) **584-8470**

CR2E034 (12/95)