FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 11 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 437591 (1)VIC GLASER, INC. Principal Place of Business Mailing Address 8950 N.E. 8THG AVE #203 8950 N.E. BTHG AVE #203 MIAMI FL 33138-3303 MIAMI FL 33138 3. Date Incorporated or Qualified 3a. Date of Last Report 10/06/1973 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1493452 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032 ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEINER, JEFFREY S 2250 SW 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 85 Zip Code 84 City 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 punted name of registered agent and title d applicable (NOTE: Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PD Change Addition TILLE 1 1 TITLE GLASER, VICTOR NAME 1.2 NAME 8950 N.E. 8TH AVE #203 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-S1-ZIE 1.4 CITY - ST - ZIP DELETE Addition Channe 1010 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-SI-7IF 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE ☐ Change THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City - St - ZiP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TIME 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE THUE

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the director of the dir I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed, or continuous appears in Block 12 or Block 13 if changed in the Block 12 or Block 13 if changed in the Block 12 or Block 13 if changed in the Block 12 or Block 13 if changed in the Block 13 if changed Victor Glaser 4/7/97

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAM: STREET ADDRESS

CHY-ST-7/P

THE NAME OF STONING OFFICER OR DIRECTOR

305-751-5082

Date

Daytime Phone 6

0188529