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

APPROVED AND FILED
95 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **439871** **(5)**

1. Corporation Name
PAYD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7272 NW 33RD ST MIAMI FL 33122	7272 NW 33RD ST MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1973**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business	2a. Mailing Address
21 2600 NW 75th Avenue	26 2600 NW 75th AVenue
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc. N/A
23 City & State Miami, FL.	28 City & State Miami, FL.
24 Zip 33122 / 25 Country USA	29 Zip 33122 / 30 Country USA

4. FEI Number: **59-1510516** ☐ 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	10. Name and Address of New Registered Agent
EJENBAUM,ABRAM **9111 E. BAY HARBOR DRIVE** **BAY HARBOR FL 33154**	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 name of registered agent and title if applicable) (NOTE: Registered Agent signature required when designating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	EJENBAUM, ABRAM	12 NAME		
STREET ADDRESS	9111 E BAY HARBOR	13 STREET ADDRESS		
CITY ST ZIP	BAY HARBOR	14 CITY ST ZIP		
TITLE		21 TITLE	Vice-President/Director	☐ Change ☒ Addition
NAME		22 NAME	Mauricio J. Ejenbaum	
STREET ADDRESS		23 STREET ADDRESS	2450 NE 135th Street #409	
CITY ST ZIP		24 CITY ST ZIP	North Miami, FL. 33181	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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)(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: _____ 4/24/95 (305) 392-1036
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
ABRAM EJENBAUM, President

0119077 CP