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 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **455433** **(3)**

1. Corporation Name
BILKARLOR GROUP, INC.

Principal Place of Business	Mailing Address
7990 S.W. 117TH AVENUE MIAMI FL 33183-6000	7990 S.W. 117TH AVENUE MIAMI FL 33183-6000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/26/1974	02/21/1994

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

4. FEI Number: 59-1541731 ☐ 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	10. Name and Address of New Registered Agent
GROSSMAN, ARNOLD J 7990 S.W. 117TH AVENUE MIAMI FL 33183	01 Name: CASTRO, ANTONIO J 02 Street Address (P.O. Box Number is Not Acceptable): 7990 S.W. 117TH AVENUE 03 04 City: MIAMI FL 05 Zip Code: 33183

11. Pursuant to the provisions of Sections 607.0505 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 _____ 5/2/95
(Signature, typed or printed name of individual with authority to sign on behalf of corporation) (If filing Reinstatement, Registered Agent signature required when mailing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GROSSMAN, ARNOLD J	12 NAME	REMOVE
STREET ADDRESS	7990 S.W. 117TH AVENUE	13 STREET ADDRESS	GROSSMAN, ARNOLD J
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	V,D ☒ Change ☐ Addition
NAME	GROSSMAN,PHYLLIS	22 NAME	
STREET ADDRESS	7990 S.W. 117TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	TV	31 TITLE	S ☐ Change ☒ Addition
NAME	CASTRO, ANTONIO J.	32 NAME	
STREET ADDRESS	7990 SW 117TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	P,D ☐ Change ☒ Addition
NAME		42 NAME	GROSSMAN, WILLIAM
STREET ADDRESS		43 STREET ADDRESS	7990 SW 117 Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL
TITLE		51 TITLE	V ☐ Change ☒ Addition
NAME		52 NAME	MIZELS, LORI
STREET ADDRESS		53 STREET ADDRESS	7990 SW 117 Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL
TITLE		61 TITLE	V ☐ Change ☒ Addition
NAME		62 NAME	GETELMAN, KAREN
STREET ADDRESS		63 STREET ADDRESS	1238 COMMONWEALTH AVENUE
CITY-ST-ZIP		64 CITY-ST-ZIP	NEWTON, MA 02165

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 added by an attachment with an address.

SIGNATURE: _____ ANTONIO J. CASTRO 5/11/95 (305) 595-4040
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0201251 CP