FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **464197** **(3)**

1. Corporation Name

GENERAL AWARDS, INC.

Principal Place of Business	Mailing Address
7715 NW 64 ST MIAMI FL 33166	7715 NW 64 ST MIAMI FL 33166

3. Date Incorporated or Qualified: 10/28/1974	3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-1662523	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	

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

9. Name and Address of Current Registered Agent

MANUEL J SEDANO
11200 N W 60TH CT
HIALEAH FL 33012

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: MANUEL J. SEDANO DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required if changed.

12. OFFICERS AND DIRECTORS		
TITLE	VP	☐ DELETE
NAME	SEDANO, MANUEL J.	
STREET ADDRESS	11200 N.W. 60TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SDT	☒ DELETE
NAME	WAAS, RHODA J.	
STREET ADDRESS	4952 S.W. 101ST AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	EV	☐ DELETE
NAME	WAAS, CYNTHIA	
STREET ADDRESS	P O BOX 394	
CITY-ST-ZIP	SUGARLOAF NY	
TITLE	V	☐ DELETE
NAME	RUSSIYAN, NICHOLAS	
STREET ADDRESS	P O BOX 394	
CITY-ST-ZIP	SUGARLOAF NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VICE PRESIDENT/ ASST. SECRETARY	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	PRESIDENT TREASURER DIRECTOR	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	EXECUTIVE VICE PRESIDENT SECRETARY DIRECTOR	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: MANUEL J. SEDANO 4/1/96 305 592 8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #