

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 12:51

DOCUMENT # 475505

(4)

1. Corporation Name

2 PLUS 2, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2475 W 9 ST~~
~~HALEAH FL 33010~~
~~US~~

~~870 W 25 ST~~
~~HALEAH FL 33010~~
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1593500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2400-B W. 8th Lane

2a. Mailing Address

26 2400-B W 8th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hialeah, FL.

City & State

28 Hialeah, FL.

Zip

24 33010

Country

25 USA.

Zip

29 33010

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMILOWITZ, MANUEL

~~870 W. 25TH ST.~~

~~HALEAH FL 33010~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2400 B W 8th Lane

83

84 City Hialeah

FL

85 Zip Code 33010

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 the if applicable)

(NOTE: Registered Agent signature required when furnishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMILOWITZ, MANUEL
STREET ADDRESS	870 W. 25TH ST.
CITY - ST - ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2400 B W 8th Lane
1.4 CITY - ST - ZIP	Hialeah, FL. 33010
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

(Signature) (Typed Name)