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 APR 27 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **625654** **(9)**

1. Corporation Name
HAPPY DAZE UNLIMITED II, INC.

Principal Place of Business	Mailing Address
1550 S DIXIE HWY #202 CORAL GABLES FL 33146	1550 S DIXIE HWY #202 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1 Grove Isle Dr	26 1 Grove Isle Dr
Suite, Apt. #, etc 22 1605	Suite, Apt. #, etc 27 1605
City & State 23 Coconut Grove	City & State 28 Coconut Grove
Zip 24 33133	Country 25
Zip 29 33133	Country 30

4. FEI Number: **59-1928723** ☐ 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

ALMAS, IVAN
9449 SW 61 COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Almas Ivan
82 Street Address (P.O. Box Number is Not Acceptable): 1 Grove Isle Dr.
83: 1605
84 City: Coconut Grove FL 85 Zip Code: 3313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition PD
NAME	ALMAS, IVAN	12 NAME	Almas Ivan
STREET ADDRESS	9449 SW 61 COURT	13 STREET ADDRESS	1 Grove Isle Dr. 1605
CITY-ST ZIP	MIAMI, FL 00000	14 CITY-ST ZIP	Coconut Grove FL 33133
TITLE		21 TITLE	☐ Change ☐ Addition V.P.
NAME		22 NAME	Rick Almas
STREET ADDRESS		23 STREET ADDRESS	P.O. Box 747
CITY-ST ZIP		24 CITY-ST ZIP	Breckinridge Colo 80424
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)(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 on an attachment with an address.

SIGNATURE: _____ Ivan Almas 4-20-95 305 859-9967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0159035 CP