FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN -6 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626608

Corporation Name
OUTPUT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
c/o SANFORD REINHARD 2875 NE 191ST STREET. #404 North MIAMI BCH. FL 33180	C/O SANFORD REINHARD 2875 NE 191ST STREET. #404 NORTH MIAMI BCH. FL 33180

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State.	City & State.
Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/19/1979
4. FEI Number: 59-1938432 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REINHARD, SANFORD N., P.A.
C/O SANFORD REINHARD
2875 NE 191ST STREET, #404
NORTH MIAMI BCH. FL 33180

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

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)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	VD ☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
	GOLDLIST, ISADORE	1.2 NAME	HARRY GOLDLIST	
ADDRESS	17600 NO. BAY RD. #801	1.3 STREET ADDRESS	1 CLARK AVENUE WEST, UNIT 104	
T-ZIP	NO. MIAMI BEACH FL	1.4 CITY-ST-ZIP	THORNHILL, ONTARIO L4J 7Y7	
	PD ☒ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
	GOLDLIST, HARRY	2.2 NAME	BARRY GORDON GOLDLIST	
ADDRESS	17600 NO. BAY RD. #801	2.3 STREET ADDRESS	318 BROOKE AVENUE	
T-ZIP	NO. MIAMI BEACH FL	2.4 CITY-ST-ZIP	TORONTO, ONTARIO M5M 2L3	
	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
ADDRESS		3.2 NAME	PAULINE RAPP	
T-ZIP		3.3 STREET ADDRESS	24 MCMORRAN CRESCENT	
		3.4 CITY-ST-ZIP	THORNHILL, ONTARIO L4J 2T5	
	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
ADDRESS		4.2 NAME		
T-ZIP		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP	04-23-01 90131 001 $150.00	
	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ADDRESS		5.2 NAME		
T-ZIP		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
ADDRESS		6.2 NAME		
T-ZIP		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [signature] 2/2/01 (305)932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARRY GORDON GOLDLIST, SECRETARY

CR2E034 (11/98)