

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE

DOCUMENT # **627754** (5)

1. Corporation Name

HAPPY DAZE UNLIMITED III, 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

1 GROVE ISLE DR #1605
COCONUT GROVE FL

2. Principal Place of Business

2a. Mailing Address

21 2982 GRAND AVE

26 1 Grove Isle Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City State

27 City State

23 Coconut Grove

28 Coconut Grove

24 33133

25

29 33133

30

3. Date Incorporated or Qualified

3a. Date of Last Report

06/27/1979

05/01/1994

4. FEI Number

59-1990228

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 intertidal tax under s. 192.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMAS, IVAN
9449 SW 61 COURT
MIAMI FL 33156

B1 Name

Ivan Almas

B2 Street Address (P.O. Box Number is Not Acceptable)

1 GROVE ISLE DR #1605

B3

B4 City

Coconut Grove

FL

B5 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0507 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 of Agent (Registered Agent or Director) (Print Name)

Signature of Agent (Registered Agent or Director) (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PD
NAME: ALMAS, IVAN
STREET ADDRESS: 9449 SW 61 COURT
CITY, ST, ZIP: MIAMI, FL 00000

1.1 TITLE: Change Addition
1.2 NAME: ALMAS, IVAN
1.3 STREET ADDRESS: 1 GROVE ISLE DR #1605
1.4 CITY, ST, ZIP: COCONUT GROVE FL 33133

2. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

2.1 TITLE: Change Addition
2.2 NAME: Almas, R
2.3 STREET ADDRESS: PO Box 797
2.4 CITY, ST, ZIP: Breckenridge 80424

3. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3.1 TITLE: Change Addition
3.2 NAME: Almas, Ric
3.3 STREET ADDRESS: 9359 Hwy #9
3.4 CITY, ST, ZIP: ~~Breckenridge~~

4. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE: Change Addition
4.2 NAME: Breckenridge Colo
4.3 STREET ADDRESS: 80424
4.4 CITY, ST, ZIP:

5. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:

6. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and that I am qualified to file the certificate stated in Section 171.07(2)(B), 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. I am an officer or director of this corporation or the recipient of trust or assignment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

IVAN ALMAS 4/20 805-857-9967