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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 664882 (8)

1. Corporation Name APRON INTERNATIONAL CORPORATION

Principal Place of Business: % JAMES A. HAUSER, P.A. 3191 CORAL WAY, STE. 405 MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 07/11/1994
4. FEI Number: 65-0147538
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, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: HAUSER, JAMES A. P 3191 CORAL WAY SUITE 405 MIAMI FL 33145

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: Signature, typed or printed name of registered agent and fee if applicable. DATE: Date

Table with 6 rows and 2 columns: 12. OFFICERS AND DIRECTORS (TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-6: TITLE, NAME, STREET ADDRESS, 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report. I am an agent with an address

SIGNATURE: KARI-MATTI KANKARE 04/27/1995