FILE NOW: FIL	ING FEE AFT	ER MAY 1 IS \$225.00		
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B _e Monnam Secretary of State DIVISION OF CORPORATIONS	FILED Mar 04 1996 8:00am	
DOCUMENT # 1. Corporation Name S & B SALES, INC.	693725	(4)	Secretary of State	

				The American		
Principal Place of Business		Mailing Address	Mailing Address		A CORNE BIND (BIGG INI) (BEIG IIE)	na gerte menere mener mener mehrer geber denere ender
1940 NE 1241 NORTH MIAM	TH STREET I FL 33181-2615	1940 NE 124TH STI NORTH MIAMI FL 3				
					3. Date Incorporated or Qualified	3a. Date of Last Report
A Dischal Dia	as at Business	Los Mallins Address			07/09/1981	06/12/1995
2. Principal Place of Business		26. Mailing Address	ta. Malling Address		4. FEI Number 59-2107325	Applied For
Suite, Apt. W. etc.		Suite, Apt. #, etc.			39-2 107323	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	·		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Cour	ntry	8. This corporation has liability for	
24	25 29		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curi	rent Registered Agent		81 Name	10. Name and Address of New F	Registered Agent
10001441						· · · · · · · · · · · · · · · · · · ·
	ID, FRANK, ESQ.		[-	82 Street Add	ess (P.O. Box Number is Not Acceptal	ole)
	ISCAYNE BLVD, STE 400		<u> </u>	83		
NUKIR	MIAMI FL 33181					·
			ŀ	84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the abov	ve-named corpoi	ration submits this statement for the pu	roose of changing its registered office
, or registere	id agent, or both, in the State of FI n, and accept the obligations of, Se	kirida. Such change was autho	rized by the or	orporation's boa	rd of directors. I hereby accept the app	ointment as registered agent. I am
	, but doods the oragines is on the	content cor. socio, violida ciaro				•
SIGNATURE _	Signature, typod or printed name of registered ag	gent much title if applicable	NOTE: Registered	Agent signature require	d when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	STD	☐ DELETE	1.1 10			Change Addition
NAME SCHWARTZBAUM, CHAVIN BON		1.2 NA			. 첫	
STREET ADDRESS 1940 NE 124TH STREET			REET ADDRESS		l X	
CITY-ST-ZIP	NORTH MIAMI FL	T DELETE		Y-ST-ZIP		
TITLE	PD	-	2.1 70			Change Addition O
SCHWARTZBAUM, STEVEN		2.2 NA				
STREET ADORESS CITY-ST-ZIP	1940 NE 124TH STREET NORTH MIAMI FL			REET ADDRESS Y-ST-ZIP		
TITLE	HONTH MINMITE	DELETE	3.1 Til			Change Addition
NAME			3.2 NAI			
STREET ADDRESS			3.3. STREET ADDRESS			· ·
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP		
TITLE		DELETE	4. 1 Til	rle T		Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 STF	REET ADDRESS	9000012	20040
CITY-ST-ZIP				Y-ST-ZIP	8000017:	30648
TITLE		DELETE	5. 1 TIT		***200.00	053 013 Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
.CITY-ST-ZIP		f"1 heiete		Y-ST-ZIP		Change C Addition
TITLE		☐ DELETE	6. 1 TIT 6.2 NA			☐ Change ☐ Addition
NAME STREET ADDRESS				ME REET ADORESS		
CITY-ST-ZIP	^	/		Y-ST-ZIP		1
14. I do hereby	certify that the information supplie	od with this filing is voluntarily for	irnished and c	loes not qualify t	or the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that	the Information Indicated on this a	rinual report or/supplemental a	nnual recort is	true and accura	ate and that my signature shall have the is report as required by Chapter 607, F	same legal effect as if made under lorida Statutes; and that my name
appears in	Block 12 or Block 13 (changed, c	or on an attachment with an ac	idrees.	10 0.00010 111	1 / 1	- 110-6
SIGNAT		α / A /	·		Hadul	3052614058
SIGNAL	SIDNATURE AND TYPE	O OR PRINTED NAME OF BOILING OF	ICER OR DIRECT	OR		Daytime Prione #
					` ' K 🖦 '	Calded La