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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 810429 (1)

1. Corporation Name
HANDELMAN ENTERPRISES, INC.

Principal Place of Business
9300 S. DADELAND BLVD
MIAMI FL 33156

Mailing Address
9300 S. DADELAND BLVD
MIAMI FL 33156-2721

3. Date Incorporated or Qualified: 06/29/1955
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business	2a. Mailing Address
21 8955 S.W. 86 STREET	26 8955 S.W. 86 STREET
Suite, Apt #, etc. 22	Suite, Apt #, etc 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33173-4540 Country 25	Zip 29 33173-4540 Country 30

4. FEI Number: 36-2420166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

HESSER,NORMAN
9300 S DADELAND BLVD
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: HESSER, BARRY
82 Street Address (P.O. Box Number is Not Acceptable): 8955 S.W. 86 STREET
83
84 City: MIAMI FL 85 Zip Code: 33173-4540

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] BARRY HESSER, VICE PRESIDENT JANUARY 14, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	[X] Change ☐ Addition
NAME	HESSER,NORMAN		1.2 NAME	
STREET ADDRESS	9300 S DADELAND BLVD		1.3 STREET ADDRESS	8666 S.W. 114 PLACE
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33173
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HESSER,BARRY		2.2 NAME	
STREET ADDRESS	8955 SW 86TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	33173-4540
TITLE	SD	☐ DELETE	3.1 TITLE	[X] Change ☐ Addition
NAME	HESSER, SYLVIA		3.2 NAME	
STREET ADDRESS	9300 S DADELAND BLVD.		3.3 STREET ADDRESS	8666 S.W. 114 PLACE
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33173
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HESSER, FRANCES		4.2 NAME	
STREET ADDRESS	8955 SW 86TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	33173-4540
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HESSER, DEBRA		5.2 NAME	
STREET ADDRESS	6320 NW 180 TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HESSER, ANDREW		6.2 NAME	
STREET ADDRESS	10124 SW 130 TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] BARRY HESSER, VICE PRES. JANUARY 14, 1997 (305)412-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #