FILE NOW: FILING FEE AFTER MAY 1 IS $225:00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **830015** **(4)**

1. Corporation Name

LIFE-LIKE PRODUCTS, INC.

Principal Place of Business	Mailing Address
1600 UNION AVE. BALTIMORE MD 21211-1917	1600 UNION AVE. BALTIMORE MD 21211-1917

3. Date Incorporated or Qualified: **05/04/1973**

3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business (21):

Suite, Apt. #, etc. (22):

City & State (23):

Zip (24):

Country (25):

2a. Mailing Address (26):

Suite, Apt. #, etc. (27):

City & State (28):

Zip (29):

Country (30):

4. FEI Number: **52-0636691** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISOM, JAMES
3401 N.W. 73RD STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name: JAY VILLARRAGA

82 Street Address (P.O. Box Number is Not Acceptable): SAME

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150(4), 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 X _____ JAY VILLARRAGA 6/26/96
Signature, Type or Print Name of Individual — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KRAMER, SOL	
STREET ADDRESS	1600 UNION AVE.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	☐ DELETE
NAME	KRAMER, LOU	
STREET ADDRESS	1600 UNION AVE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	P	☐ DELETE
NAME	KANDEL, GERALD	
STREET ADDRESS	1600 UNION AV.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	S	☐ DELETE
NAME	BURK, HERBERT, JR.	
STREET ADDRESS	1600 UNION AV.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	☐ DELETE
NAME	KELLER, CHRISTIAN A.	
STREET ADDRESS	1600 UNION AVENUE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001886485	☐ Change ☐ Addition
5.2 NAME	-07/08/96--01059--004	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

05-01-96 OK

CR2E034 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: _____ CONT/TREAS 4/11/96 410-889-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CHRIS A. KELLER