FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833128** **(2)**

1. Corporation Name

ALTUF CORPORATION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
444 BRICKELL AVE #1000 MIAMI FL 33131-2440	444 BRICKELL AVE #1000 MIAMI FL 33131-2440

3. Date Incorporated or Qualified: **10/01/1974**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 270 SW 31 ST ST	26 270 SW 31 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale	City & State 28 Fort Lauderdale FL
Zip 24 33315 Country 25 USA	Zip 29 33315 Country 30

4. FEI Number: **54-0916025** ☐ 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	10. Name and Address of New Registered Agent
MIGDALL, ALLAN M 444 BRICKELL AVE #1000 MIAMI FL 33131	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 270 SW 31 ST STREET 93 94 City FORT LAUDERDALE FL 95 Zip Code 33315

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MIGDALL, ALLAN M	12 NAME	
STREET ADDRESS	1515 SE 11TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, BYRON Y	22 NAME	
STREET ADDRESS	409 CROATAN HILLS DR	23 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, JOEL C	32 NAME	
STREET ADDRESS	119 50TH STR	33 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BAIN, KENNETH	42 NAME	
STREET ADDRESS	2329 ST BRIDES RD W	43 STREET ADDRESS	
CITY-ST-ZIP	CHEASPEAKE VA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Allan Migdall ALLAN MIGDALL 4/24/95 (305) 374-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132342 CP