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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09055** **(7)**

1. Corporation Name

HAPPY DAZE UNLIMITED, IV, INC.

Principal Place of Business	Mailing Address
C/O IVAN ALMAS 1550 S. DIXIE HWY #216 CORAL GABLES FL 33146	C/O IVAN ALMAS 1550 S. DIXIE HWY #216 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 1 Grove Isle Dr. 22: 1605 23: Coconut Grove 24: Zip 33133 Country 25:	2a. Mailing Address 26: 1 Grove Isle Dr. 27: 1605 28: Coconut Grove 29: Zip 33133 Country 30:
3. Date Incorporated or Qualified: 12/12/1980	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3254132	☐ 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
ALMAS, IVAN 9449 SW 61 COURT MIAMI FL 33156	81 Name: Almas Ivan 82 Street Address (P.O. Box Number is Not Acceptable): 1 Grove Isle Dr. 83: 1605 84 City: Coconut Grove FL 85 Zip: 33133

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALMAS, IVAN	1.2 NAME	Almas Ivan
STREET ADDRESS	9449 SW 61 COURT	1.3 STREET ADDRESS	1 Grove Isle Dr. 1605
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	Coconut Grove FL 33133
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	VP.
STREET ADDRESS		2.3 STREET ADDRESS	Rick Almas
CITY ST ZIP		2.4 CITY ST ZIP	P.O. Box 797 Breckenridge, Colo. 80424
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	VP
STREET ADDRESS		3.3 STREET ADDRESS	Rick Almas
CITY ST ZIP		3.4 CITY ST ZIP	9359 Hwy #9 Breckenridge Colo 80424
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

REMITTED BY MAY 1

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: _____ Ivan Almas 4-20-95 305-857-9967

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0159884 CP