

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F35031 (6)

1. Corporation Name

MULTICO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% TERRENCE A. SCHULTZ  
ONE SE THIRD AVENUE, SUITE 1500  
MIAMI FL 33131

% TERRENCE A. SCHULTZ  
ONE SE THIRD AVENUE, SUITE 1500  
MIAMI FL 33131

3. Date Incorporated or Qualified  
05/07/1981

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, TERRENCE A.  
ONE SE THIRD STREET,  
SUITE 1500  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent or trustee applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
PINKUS, STANLEY  
900 ST. CHARLES PL. #309  
PEMBROKE PINES FL 33026

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)