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 27 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F78665** **(9)**

1. Corporation Name
HAPPY DAZE UNLIMITED V, 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

3. Date Incorporated or Qualified: **05/04/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 7501 SW 84th St.	26 1 Grove Isle Dr.
22 Suite, Apt. #, etc. FC 17	27 Suite, Apt. #, etc. 1605
23 City & State Miami	28 City & State Coconut Grove
24 Zip 33156 25 County	29 Zip 33133 30 County

4. FEI Number: **59-2195459** ☐ 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. 199.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALMAS, IVAN
9449 S W 61 CT
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 Code: 33133

11. Pursuant to the provisions of Section 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	Pd	☐ Change ☐ Addition
NAME	ALMAS, IVAN	12 NAME	Ivan Almas	
STREET ADDRESS	9449 S W 61 CT	13 STREET ADDRESS	1 Grove Isle Dr 1605	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	Coconut Grove 33133	
TITLE		21 TITLE	vice president	☒ Change ☒ Addition
NAME		22 NAME	Rick Almas	
STREET ADDRESS		23 STREET ADDRESS	P.O. Box 247	
CITY ST ZIP		24 CITY ST ZIP	Brewington Vt 05034	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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: _____ Ivan Almas 4-20-95 305 857-1967

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

01B90665 CP