

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 # F79317

1. Corporation Name

Slonim International, Inc.

Principal Place of Business

7234 NW 66th Street
Miami, FL 33166

Mailing Address

7234 NW 66th Street
Miami, FL 33166

3. Date Incorporated or Qualified
04/19/1982

3a. Date of Last Report
5/1/95

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

4. FEI Number

59-2227538

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

Slonim, Gary R.
7234 NW 66th Street
Miami, FL 33166

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, and date of application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS
1. TITLE	P/O <input type="checkbox"/> DELETE
2. NAME	Slonim, Gary Robert
3. STREET ADDRESS	20211 NW 10th Street
4. CITY- ST- ZIP	Pembroke Pines, FL 33029
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY- ST- ZIP	
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY- ST- ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY- ST- ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY- ST- ZIP	
17. 17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY- ST- ZIP	

900001728109
02/29/96-01058-005
***200.00

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

2/23/96

(305) 592-7812

SG 7-28-96

CR2E034 (12/95)