FILE NOW. FILING FEE AFTER MAY 1 IS $600.00

CORPORATION ANNUAL REPORT **1995**

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

APR 21 1995
AND FILED

95 APR 21 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001936 (4)

1. Corporation Name

ALEPH-BET SALES, INC.

Principal Place of Business	Mailing Address
6503 N. MILITARY TR. SUITE 100 BOCA RATON FL 33496 US	6503 N. MILITARY TR. SUITE 100 BOCA RATON FL 33496 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 7621 SAN MATEO DR	2a. Mailing Address 26: 7621 SAN MATEO DR
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City, State 23: BOCA RATON, FL	City, State 28: BOCA RATON, FL
Zip 24: 33433 Country 25: PALM BEACH	Zip 29: 33433 Country 30: PALM BEACH

4. FEI Number: 65-0460492 ☐ 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

ZAIDEL, ROMAN
6503 NORTH MILITARY TRAIL, SUITE 100
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: ZAIDEL, ROMAN
82 Street Address (P.O. Box Number is Not Acceptable):
83: 7621 SAN MATEO DR.
84 City: BOCA RATON, FL FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: V.P. TREASURER 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	ZAIDEL, ROMAN	1.2 NAME	ZAIDEL, ROMAN	
STREET ADDRESS	6503 N. MILITARY TR., SUITE 100	1.3 STREET ADDRESS	7621 SAN MATEO DR.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ZAIDEL, LINDA ANN	2.2 NAME	ZAIDEL, LINDA ANN	
STREET ADDRESS	6503 N. MILITARY TR., SUITE 100	2.3 STREET ADDRESS	7621 SAN MATEO DR.	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
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		

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: ROMAN ZAIDEL 4/18/95 750-4215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290873 CP