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
MAY

95 MAY -1 PM 4:50

100001498591
-05/24/95--01085--017
****200.00 ****200.00

DOCUMENT # G 01632

1. Corporation Name
B & S MANAGEMENT, INC

Principal Place of Business
PO BOX 810654
BOCA RATON FL 33481

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-28-92
3a. Date of Last Report:

2. Principal Place of Business
21 2470 NE 201ST ST
22 Suite, Apt #, etc
23 City & State: NO. MIAMI BEACH, FL
24 Zip: 33180 25 Country

2a. Mailing Address
26 2470 N.E. 201ST ST
27 Suite, Apt # etc: 40 BERNARD SULTAN)
28 City & State: NO MIAMI BEACH FL
29 Zip: 33160 30 Country

4. FEI Number: 59-2230922 — 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

ISRAEL, STANLEY
17071 WEST DIXIE HIGHWAY
NO. MIAMI BEACH, FL 33160

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D	11 TITLE	☐ Change ☐ Addition
NAME	BLOCK, RICHARD	12 NAME	
STREET ADDRESS	7560 REXFORD RD.	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33434	14 CITY ST ZIP	
TITLE	V/S/D	21 TITLE	V/S/D ☒ Change ☐ Addition
NAME	SULTAN, BERNARD	22 NAME	SULTAN BERNARD
STREET ADDRESS	2470 NE 201 STREET	23 STREET ADDRESS	2470 NE 201ST STREET
CITY ST ZIP	NO. MIAMI BEACH, FL 33180	24 CITY ST ZIP	NO. MIAMI BEACH, FL 33180
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	REMITTED BY MAY 1
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	T/S, 5/23/95	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: Bernard Sultan Bernard Sultan, V.P. 5/26/95 (305) 932-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #