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 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G61664** **(0)**

1. Corporation Name
NOVELTIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
14380 SW 139 CT MIAMI FL 33186	14380 SW 139 CT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1983**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2331707**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Treasurer 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENCHETRIT, LUCIA 13909 SW 140TH ST MIAMI FL 33186	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 Section(s) 607.1005 and/or 608.4105, Florida Statutes, the above named corporation submits the 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 that position under Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	PTD	☐ Change ☐ Addition
NAME	BENCHETRIT, JACOB	
STREET ADDRESS	13909 SW 140TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VSD	☐ Change ☐ Addition
NAME	BENCHETRIT, LUCIA	
STREET ADDRESS	13909 SW 140TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report, including any attached additional pages, is true and accurate as required by Section 607.193, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report complies with Section 607.1005, Florida Statutes, 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 with an asterisk (*).

SIGNATURE: Lucia Benchetrit 4-28-95

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUCIA BENCHETRIT

0202824 CP