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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G69380

(5)

1. Corporation Name

THE 135 COLLECTION, INC.



Principal Place of Business

C/O HAROLD SAFREN
~~101 NE 40TH ST.~~
~~MIAMI FL 33137~~
~~US~~

Mailing Address

C/O HAROLD SAFREN
~~101 NE 40TH ST.~~
~~MIAMI FL 33137~~
US

Address CHANGED / MOVED

2. Principal Place of Business

21 3149 JOHN P. CURCI DR.

Suite, Apt. #, etc. BLDG 1-A, Bay 2

22 City & State PEMBROKE PARK, FL

23 Zip 33009

24 Country BROWARD

2a. Mailing Address

27 3149 JOHN P. CURCI DR.

Suite, Apt. #, etc. BLDG 1-A, Bay 2

28 City & State PEMBROKE PARK, FLORIDA

29 Zip 33009

30 Country BROWARD

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
04/26/1996

4. FEI Number

59-2331219

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

SAFREN, HAROLD
~~101 NE 40TH ST.~~
~~MIAMI FL 33137~~

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME SAFREN, HAROLD
STREET ADDRESS 3149 JOHN P. CURCI DR.
CITY-ST-ZIP BLDG 1-A, Bay 2
MIAMI, FL 33009 PEMBROKE PARK, FL 33009

TITLE PD
NAME SAFREN, STEPHANIE
STREET ADDRESS 101 NE 40TH ST.
CITY-ST-ZIP MIAMI, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

Harold Safren

3/10/97

CR2E034 (9/96)