

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H46123 (6)

1. Corporation Name

CRESCENDO ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

% BARRY J. KAPLAN
2632 HOLLYWOOD BLVD. 307
HOLLYWOOD FL 33020

Mailing Address

% BARRY J. KAPLAN
2632 HOLLYWOOD BLVD. 307
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/08/1985

3a. Date of Last Report
01/25/1994

4. FEI Number
59-2560245

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

2. Principal Place of Business

21 2130 Tyler Street

2a. Mailing Address

26 2130 Tyler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hollywood FL

27 Hollywood FL

City & State

City & State

23 33020

28 33020

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KAPLAN, BARRY J.
6383 NW SIXTH WAY, STE 470
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

DATE Registered Agent Signature required when incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FUCHS, RANDY
STREET ADDRESS 3597 S.W. 69TH TERR.
CITY-ST-ZIP MIRAMAR FL

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

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

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct and that I am an officer or director of the corporation or the receiver or trustee authorized 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

DATE

(Day/Month/Year)