

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

MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H51854** (8)

1. Corporation Name
CALCUWEIGHT INDUSTRIES, INC.

Principal Place of Business Mailing Address
**1474 NE 130 ST
MIAMI BEACH FL 33254-7400
US**
**P.O. BOX 546400
P. O. BOX 546400
MIAMI BEACH FL 33254-7400**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1985** 3a. Date of Last Report **07/06/1994**
4. FEI Number **59-2747138** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. Trust Fund Contribution ☐
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**GOLDEN, RICHARD A.
12000 BISCAYNE BLVD
STE 203
N MIAMI FL 33181**

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 date if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	DUBOFF, GARY	1.2 NAME	
STREET ADDRESS	1271 101ST STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUBOFF, CARYN	2.2 NAME	
STREET ADDRESS	1271 101ST STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR ISLANDS FL	2.4 CITY - ST - ZIP	
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	

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

GARY DUBOFF

5/1/95 38/893-9300