

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
NANCY B. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

30 MAY -1 AM 9:49

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60275

(5)

To Corporation's Office

ATERET MALON, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1985		3a. Date of Last Report 04/28/1994	
4. FEI Number 59-2534731		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 Office Address 4434 N. BAY RD. MIAMI BEACH FL 33140		2a. Mailing Address 4434 N. BAY RD. MIAMI BEACH FL 33140	
21. Date of Report 04/28/94		26. Date of Report 04/28/94	
22. City & State MIAMI BEACH FL		27. City & State MIAMI BEACH FL	
23. Zip 33140		28. Zip 33140	
24. Country USA		30. Country USA	

9. Name and Address of Current Registered Agent

**BERKOWITZ, ABBEY
4434 N. BAY RD.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 602.01 and 607.15001 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 stipulations of Sections 602.01 and 607.15001 Florida Statutes.

SIGNATURE: *[Signature]* (To be signed by the person or persons authorized to sign for the corporation) (To be signed by the person or persons authorized to sign for the corporation)

12. OFFICERS AND DIRECTORS

NAME	PD BERKOWITZ, MURRAY
STREET ADDRESS	4434 N. BAY RD. MIAMI BEACH FL
CITY	MIAMI BEACH FL
NAME	STD BERKOWITZ, ABBEY
STREET ADDRESS	4434 N. BAY RD. MIAMI BEACH FL
CITY	MIAMI BEACH FL
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY		☐ Change ☐ Addition
4. NAME		
5. STREET ADDRESS		
6. CITY		☐ Change ☐ Addition
7. NAME		
8. STREET ADDRESS		
9. CITY		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY		☐ Change ☐ Addition
13. NAME		
14. STREET ADDRESS		
15. CITY		☐ Change ☐ Addition
16. NAME		
17. STREET ADDRESS		
18. CITY		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 602.01 and 607.15001 Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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 person or persons authorized to sign this report as required by Chapter 602 Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am an individual with an address.

SIGNATURE: *[Signature]* **2/10/95 531-5771**
(Signature and typed or printed name of signing officer or director)