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 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60275 (5)

1. Corporate Name

ATERET MALON, INC.

Principal Place of Business

4434 N. BAY RD.
MIAMI BEACH FL 33140

Mailing Address

4434 N. BAY RD.
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1985

3a. Date of Last Report: 04/28/1994

2. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

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

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 Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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. The corporation is authorized to do business in Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PD
Name	BERKOWITZ, MURRAY
Street Address	4434 N. BAY RD.
City-State-Zip	MIAMI BEACH FL
Title	STD
Name	BERKOWITZ, ABBEY
Street Address	4434 N. BAY RD.
City-State-Zip	MIAMI BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

14. I hereby certify that the information supplied with this report is accurate and that each required amendment or addition has been made in accordance with Chapter 607, Florida Statutes. I further certify that I am familiar with and authorized to sign this report.

SIGNATURE: [signature] [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/95 Telephone No.: 531-5771

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