

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 7:58

DOCUMENT # **H64343**

(7)

1. Corporation Name

**FASON SOUVENIRS AND NOVELTIES, INC.**

Principal Place of Business

4712 NW 165 STR  
MIAMI FL 33104  
US

Mailing Address

4712 NW 165 STR  
MIAMI FL 33104  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21  Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**07/01/1985**

3a. Date of Last Report

**03/07/1994**

22  City & State

27  City & State

4. FEI Number

**-29-1886503- 59-2563888**

Applied For

Not Applicable

23  Zip

28

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24  Zip

29

Country

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ULLMAN, HOWARD  
13255 KEYSTONE TERRACE  
NORTH MIAMI FL 33181

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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]*

70101- Registered Agent Services Bureau Application

PAGE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: **DP**  
ULLMAN, HOWARD L.  
13255 KEYSTONE TER  
N MIAMI FL

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I acknowledge that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an amendment, willfully unless

SIGNATURE:

*[Signature]*

3/10/95

Date Filed