FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

AMENDED

DOCUMENT #H82650 (3)

1. Corporation Name

ASTRO MOVING & STORAGE, INC OF DADE

AMENDED

Principal Place of Business	Mailing Address
3805 NW 132 St. OPA LOCKA, FL 33045	3805 NW 132 St. OPA LOCKA, FL 33045

3. Date Incorporated or Qualified: 10/28/1985

3a. Date of Last Report: 5/01/1995

2. Principal Place of Business
21: 3805 NW 132 St.
22: Suite, Apt. #, etc.
23: City & State: OPA LOCKA, FL
24: Zip: 33054
25: Country: DADE

2a. Mailing Address
26: 3805 NW 132 St.
27: Suite, Apt. #, etc.
28: City & State: OPA LOCKA, FL
29: Zip: 33054
30: Country: DADE

4. FEI Number: 59-2615116 ☐ 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

Kean, Laura M.
9385 NW 101 St.
MIAMI, FL 33178

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 _____ (If Changing Registered Agent) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VERDERBER, JOSEPH E 33 BEACH ROAD NORTHPORT NY 11755	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV BERKOWITZ, PAUL 3 WHITE CLIFF LANE NESCONSET NY 11767	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VERDERBER, JOSEPH E 33 BEACH ROAD NORTHPORT NY 11755	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VERDERBER, JUDITH 33 BEACH ROAD NORTHPORT NY 11755	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an addition.

SIGNATURE: Joseph Verderber Sr. 5/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Joseph Verderber Sr.

305-558-5858
Daytime Phone #