SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J17101** **(3)**

1. Corporation Name
M.A. STRAUSS, INC.

Principal Place of Business	Mailing Address
C/O MINDY STRAUSS 2601 NW 48TH TERR #149 FORT LAUDERDALE FL 33313-9676	C/O MINDY STRAUSS 2601 NW 48TH TERR #149 FORT LAUDERDALE FL 33313-9676

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2713788	☐ 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 Place of Business	2a. Mailing Address
21 13255 S.W. 9th Court	26 13255 S.W. 9th Court
Suite, Apt. #, etc.: 22 G-113	Suite, Apt. #, etc.: 27 G-113
City & State: 23 Pembroke Pines, FL	City & State: 28 Pembroke Pines, FL
Zip: 24 33027 Country: 25 USA	Zip: 29 33027 Country: 30 USA

9. Name and Address of Current Registered Agent

STRAUSS, MINDY
2601 NW 48 TERR 149
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13255 S.W. 9th Court, G-113
83
84 City: Pembroke Pines, FL 85 Zip Code: 33027

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☑ Change ☐ Addition
NAME	STRAUSS, MINDY	1.2 NAME	
STREET ADDRESS	2601 NW 48 TERR 149	1.3 STREET ADDRESS	13255 SW. 9th Court, G-113
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	STRAUSS, MINDY	2.2 NAME	
STREET ADDRESS	2601 NW 48 TERE 149	2.3 STREET ADDRESS	13255 S.W. 9th Court, G-113
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33027
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	

CR2E034 (3/95)

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 address.

SIGNATURE: _____ MINDY STRAUSS 8/1/95 (305)652-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147203 FP