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

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

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

Principal Place of Business	Mailing Address
13255 S.W. 9TH COURT G-113 PEMBROKE PINES FL 33027 US	13255 S.W. 9TH COURT G-113 PEMBROKE PINES FL 33027 US

3. Date Incorporated or Qualified: **05/28/1986**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business	13455 SW 3rd St.	2a. Mailing Address	13455 SW 3rd St.
Suite, Apt. #, etc	#313	Suite, Apt. #, etc	#313
City & State	PEMBROKE PINES, FL	City & State	PEMBROKE PINES, FL
Zip / Country	33027	Zip / Country	33027

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

9. Name and Address of Current Registered Agent

STRAUSS, MINDY
13255 S.W. 9TH COURT G-113
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13455 SW 3rd St., #313
83
84 City: PEMBROKE PINES **FL** 85 Zip Code: 33027

11. Pursuant to the provisions of Section 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: [signature] MINDY A. STRAUSS, PRES 4/27/96
Signature, typed or printed name of Registered Agent & title if applicable — NOTE: Registered Agent's signature required when changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST STRAUSS, MINDY ~~13255 SW 9TH COURT G-113~~ PEMBROKE PINES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 13455 S.W. 3rd St., #313 PEMBROKE PINES, FL 33027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAUSS, MINDY ~~13255SW 9TH COURT G113~~ PEMBROKE PINES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 13455 S.W. 3rd St., #313 PEMBROKE PINES, FL 33027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] MINDY A. STRAUSS 4/27/96 (305)652-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #