

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. McPherson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # J78145

(6)

M.L.B. INTERNATIONAL SALES CORP.

APPROVED
AND
FILED

07 MAY 15 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office in Florida

Mailing Address

% MARC L. BURTON
5660 LAGORCE DRIVE
MIAMI BEACH FL 33140

% MARC L. BURTON
5660 LAGORCE DRIVE
MIAMI BEACH FL 33140

(DO NOT WRITE IN THIS SPACE)

3. Date Recorparated or Clarified

3a. Date of Last Report

06/12/1987

06/07/1994

4. FEI Number

59-2816449

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

7. This corporation has liability for intangible tax under § 199.005,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURTON, MARC L.
5660 LAGORCE DRIVE
MIAMI BEACH 33140

B1 Name

B2 Street Address (P.O. Box Number is Not Applicable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 197.002 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 of Registered Agent or Registered Agent's Representative)

(Signature of Person Authorized to Change Registered Office or Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BURTON, MARC L.
STREET ADDRESS	5660 LAGORCE DRIVE
CITY, ST., ZIP	MIAMI BEACH FL
TITLE	D
NAME	BURTON, POLLY R.
STREET ADDRESS	5660 LAGORCE DRIVE
CITY, ST., ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST., ZIP	
15 TITLE	☐ Change ☐ Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST., ZIP	
19 TITLE	☐ Change ☐ Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST., ZIP	
23 TITLE	☐ Change ☐ Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST., ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.005, Florida Statutes. Further, I certify that the information included on this annual report or supplementary 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 registered agent authorized to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 of Block 13, as required or voluntarily furnished with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95

305-866-5660