FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:38

DOCUMENT # **K48830** **(9)**

1. Corporation Name
SAFARI EDUCATIONAL TOYS, INC.

Principal Place of Business	Mailing Address
C/O BERNARD RUBEL 1001 N.W. 159TH DRIVE NO. MIAMI BEACH FL 33169	C/O BERNARD RUBEL 1001 N.W. 159TH DRIVE NO. MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1400 NW 159 STREET
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL 33169
24: Zip: 33169
25: Country: USA

2a. Mailing Address
26: PO BOX 630882
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL 33163
29: Zip: 33163
30: Country: USA

4. FEI Number: 65-0089679 ☐ 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

RUBEL, BERNARD
1001 N.W. 159TH DRIVE
NO. MIAMI BEACH FL 33169

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 _____ 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	D	11 TITLE	☒ Change	☐ Addition
NAME	RUBEL, BERNARD	12 NAME		
STREET ADDRESS	1001 N.W. 159TH DR.	13 STREET ADDRESS	1400 NW 159 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI FL 33169	
TITLE		21 TITLE	☐ Change	☒ Addition
NAME		22 NAME	D	
STREET ADDRESS		23 STREET ADDRESS	DOUGLAS RUBEL	
CITY-ST-ZIP		24 CITY-ST-ZIP	1400 NW 159 STREET	
TITLE		31 TITLE	MIAMI FL 33169	
NAME		32 NAME	☐ Change	☐ Addition
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Bernard Rubel
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0184348 CP