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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 9:55

DOCUMENT # K52883 (1)

1. Corporation Name
MOUKS MAGOO OF FLORIDA, INC.

Principal Place of Business
% NATHAN I. LEDER
444 BRICKELL AVE.,STE. 1050 RIVERGATE PLZ.
MIAMI FL 33131

Mailing Address
% NATHAN I. LEDER
444 BRICKELL AVE.,STE. 1050 RIVERGATE PLZ.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21: 5200 Blue Lagoon Dr Suite 600
Suite, Apt. #, etc. — 22: Suite 600
City & State — 23: Miami FLA
Zip — 24: 33126 — Country — 25:

2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: 33126 — Country — 30:

4. FEI Number: NOT APPLICABLE — 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

LEDER, NATHAN I.
444 BRICKELL AVE.
SUITE 1050, RIVERGATE PLAZA
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Dr Suite 600
83
84 City: Miami FL — FL — 85 Zip Code: 33126

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
11 TITLE	D	☒ Change ☐ Addition
12 NAME	LEDER, NATHAN I.	
13 STREET ADDRESS	444 BRICKELL AVE.,#1050	5200 Blue Lagoon Dr Suite 600
14 CITY, ST, ZIP	MIAMI FL	Miami FLA 33126
21 TITLE	VP	☐ Change ☐ Addition
22 NAME	WALZ, TOM	
23 STREET ADDRESS	1726-E S MAIN	
24 CITY, ST, ZIP	WILLITS CA	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report 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 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: Tom WALZ — 3.6.95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED AGENT — DATE

0132881 CP