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 # **K76516** **(9)**

1. Corporation Name

MASEL CORP.

Principal Place of Business

5000 N. OCEAN BLVD
SUITE 301
FORT LAUDERDALE FL 33308

Mailing Address

5000 N. OCEAN BLVD
SUITE 301
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **03/27/1989**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0107320** ☐ 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. [X] Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

WEINBLATT, MARTIN
5000 N. OCEAN BLVD
SUITE #301
FORT LAUDERDALE FL 33308

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 607.0407 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. I/We authorized by the corporation's board of directors hereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICER(S) AND DIRECTOR(S)

TITLE D
NAME WEINBLATT, MARTIN
STREET ADDRESS 5000 N. OCEAN BLVD #301
CITY-ST-ZIP FORT LAUDERDALE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NOTED

1 TITLE
1a NAME
1b STREET ADDRESS
1c CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2a NAME
2b STREET ADDRESS
2c CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3a NAME
3b STREET ADDRESS
3c CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4a NAME
4b STREET ADDRESS
4c CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5a NAME
5b STREET ADDRESS
5c CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6a NAME
6b STREET ADDRESS
6c CITY-ST-ZIP
☐ Change ☐ Addition

14. I declare(s), certify, and that the information supplied with this 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 attached sheet, with an address.

SIGNATURE: _____ 03/11/96 954-785-7881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)