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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L28057 (2) 1. Corporation Name SMALL TALK MINIATURES, INC.		

Principal Place of Business 622 SOUTHWEST 1ST STREET MIAMI FL 33130	Mailing Address 622 SOUTHWEST 1ST STREET MIAMI FL 33130-1204
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3. Date Incorporated or Qualified 11/03/1989	3a. Date of Last Report 03/26/1998
4. FEI Number 65-0270406	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing ☐	\$5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under s. 199 (22), Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 1444 Biscayne Blvd, #220-C MIAMI FL 33132	2a. Mailing Address 1444 Biscayne Blvd, #220-C, Miami, FL 33132
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent COHEN, HERMAN 622 SOUTHWEST 1ST STREET MIAMI FL 33130
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10. Name and Address of New Registered Agent 81. Name HERMAN COHEN 82. Street Address (P.O. Box Number is Not Acceptable) 1444 Biscayne Blvd, #220-C 84. City Miami, FL 85. Zip Code 33132
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11. Pursuant to the provisions of Sections 199 and 227, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, being duly qualified, hereby accept the appointment as registered agent for the corporation and agree to the provisions of Section 227, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1. COHEN, HERMAN 622 S.W. 1ST ST. MIAMI FL	☒ Change ☐ Addition	1. TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. COHEN, PHYLLIS 622 S.W. 1ST ST. MIAMI FL	☒ Change ☐ Addition	2. TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	☐ Change ☐ Addition	3. TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	☐ Change ☐ Addition	7. TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	☐ Change ☐ Addition	8. TITLE NAME STREET ADDRESS CITY - ST - ZIP

I, I do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation and my signature shall have the same legal effect as if made under oath. I declare this report as required by Chapter 007, Florida Statutes, and that my name appears on the report.

SIGNATURE: *Phyllis Cohen* 5/1/98