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

APPROVED AND FILED
95 MAR 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L48416 (6)

1. Corporation Name
BLAWAL, INC.

Principal Place of Business	Mailing Address
% STANTON G. LEVIN 1570 MADRUGA AE #311 CORAL GABLES FL 33146	% STANTON G. LEVIN 1570 MADRUGA AE #311 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 04/07/1994

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

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

4. FEI Number: 65-0184009 ☐ 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

LEVIN, STANTON G.
1570 MADRUGA AVE
SUITE 311
CORAL GABLES FL 33146

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	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, ALBERT C.	1.2 NAME	
STREET ADDRESS	2244 FISHER ISLAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVIN, STANTON G.	2.2 NAME	
STREET ADDRESS	1570 MADNGA AVE #311	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] Stanton G. Levin 3/15/95 (305) 662-1988
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0160000 CP

L 48416

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-03 227 804

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT NO
45-202130001-45300000-00-22000000	450000	00	D4000113113	8600	09/20/93	0620861

PAYMENT AMOUNT
$ 150.00

DO NOT CASH

AGENCY DOCUMENT NO
VR30040

BLAWAL INC
1570 MADRUGA AVE
CORAL GABLES FL 33146

PLEASE DIRECT QUESTIONS TO: (904) 488-0100, DEPARTMENT OF STATE

INVOICE NUMBER	AMOUNT
081793	$ 150.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

SAMAS ACCOUNT CODE	DOCUMENT NO.	OBJECT	DATE	WARRANT NO	93-69 630
45-202130001-45300000-00-22000000	D4000113113	8600	09/20/93	0620861	

VOID AFTER 12 MONTHS

STATE OF FLORIDA
OFFICE OF COMPTROLLER

4-03 227 804

PAY

AMOUNT
$*******150.00

ONE-HUNDRED-FIFTY & 00/100 DOLLARS

TO THE ORDER OF:

BLAWAL INC
1570 MADRUGA AVE
CORAL GABLES FL 33146

VENDOR ID NUMBER

EXPENSE WARRANT
TO: TREASURER OF FLORIDA
TALLAHASSEE

Gerald Lewis
COMPTROLLER OF FLORIDA

⑈4406 2086 04⑈ ⑆063000694⑆ ⑈4 2⑈

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: BLAWAL INC.

Address: 1570 MADRUGA AVE

CORAL GABLES, FL 33146

Amount: $150.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim:

OVERPAYMENT OF ANNUAL REPORT FILING FEES - L48416

Section: ANNUAL REPORTS Clerk: A. BUNDICK Date Processed: 7-22-93

X CERTIFIED TRUE AND CORRECT this 2nd day of August, 1993.

X _____ AS
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended $ 150.00.

The amount requested above was originally deposited into the State Treasury, State Treasurer's Receipt # 01025/021, Dated 7/12/93.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Statutory Authority for Collection 607.36
It is requested that payment be made from:
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0

Certified True and Correct this 12th day of August, 1993.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within after the right to such refund

L48416

Stanton G. Levin, P.A.
ATTORNEY AT LAW

1570 Madruga Avenue, Suite 311
Coral Gables, Florida 33146
Tel: (305) 662-1988
Fax: (305) 661-9982

March 7, 1995

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Blawal, Inc.
FEI: #65-0184009
Document: #L48416

Dear Sir/Madame:

Enclosed please find the completed Corporation Annual Report for 1995 for the above-referenced corporation. Also enclosed is a check in the amount of $200.00 for filing fee.

Very truly yours,

Stanton G. Levin

SGL/ar
Enclosures: as noted above

cc: L. Fuller Duncan