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 APR -7 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L56261** **(5)**

1. Corporation Name
BALMET PORT, INC.

Principal Place of Business	Mailing Address
~~11077 BISCAYNE BLVD.~~ ~~PENTHOUSE SUITE~~ ~~N. MIAMI FL 33161~~	20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1990	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0182730	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 20803 BISCAYNE BLVD.	26
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc 27
City & State 23 AVENTURA, FLORIDA	City & State 28
Zip 24 33180 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
20803 BISCAYNE BLVD.
~~PENTHOUSE SUITE~~
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 200

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☒ Change ☐ Addition
NAME	SINGERMAN, HYMAN	12 NAME	
STREET ADDRESS	10171 PELLETIER AVE	13 STREET ADDRESS	
CITY ST ZIP	~~MONTREAL NO., QUEBEC~~	14 CITY ST ZIP	MONTREAL, QUEBEC, CANADA H1H 3R2
TITLE	PTD	21 TITLE	☒ Change ☐ Addition
NAME	SINGERMAN, DAVID	22 NAME	
STREET ADDRESS	10171 PELLETIER AVE	23 STREET ADDRESS	
CITY ST ZIP	~~MONTREAL NO., QUEBEC~~	24 CITY ST ZIP	MONTREAL, QUEBEC, CANADA H1H 3R2
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
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 exemptions 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: Hyman Singerman
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (CHECK ONE BOX BELOW)

Date

Daytime Phone #

0197150 CP