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 MAY -1 AM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76895 (6)

1. Corporation Name
MULTIMISER, INC.

Principal Place of Business
7270 NW 70TH ST
MIAMI FL 33166

Mailing Address
7270 NW 70TH ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 65-0201532 — 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**

POSTELNEK, MARC
407 LINCOLN RD.
SUITE 10-B
MIAMI BEACH FL 33139

10. **Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREZAULT, THEDY
STREET ADDRESS	5381 NW 81ST TERRACE
CITY-ST-ZIP	LAUDERHILL FL
TITLE	STD
NAME	BARRETT, CLYDE J.
STREET ADDRESS	13505 SW 72ND TERRACE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on the 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date

305-880-6620 Daytime Phone #

0193064 CP