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
AMD
FILED
95 MAY -1 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94631** **(3)**

1. Corporation Name
THE NEW MAZEL CORP.

Principal Place of Business
4434 N. BAY ROAD
MIAMI BEACH FL 33140
US

Mailing Address
4434 N. BAY ROAD
MIAMI BEACH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1990**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **65-0213854** ☐ 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. Is corporation to be authorized to do business in Florida pursuant to Section 607.1501, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKOWITZ, ABBEY
4434 N. BAY ROAD
MIAMI BEACH FL 33140

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 Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named corporation is authorized to transact business in the State of Florida, has caused this statement to be executed by its duly authorized officer and has knowledge of the provisions of Section 607.0501, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTOR DATA

01 TITLE	VDP
NAME	BERKOWITS, MURRAY
STREET ADDRESS	4300 N. MERIDIAN ROAD
CITY ST ZIP	MIAMI BEACH FL
02 TITLE	VD
NAME	BERKOWITZ, ABBY
STREET ADDRESS	4001 COLLINS AVENUE
CITY ST ZIP	MIAMI BEACH FL
03 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
04 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
05 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
06 TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE	☐ Change ☐ Addition
02 NAME	
03 STREET ADDRESS	
04 CITY ST ZIP	
05 TITLE	☐ Change ☐ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY ST ZIP	
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is absolutely true and correct 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/10/95 531-5771
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

0140240 CP