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 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19112 (5)

1. Corporation Name
I.D.T. IMPORTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
36 NE 1ST STR 830 MIAMI FL 33132 US	36 NE FIRST ST 830 MIAMI FL 33132 US

3. Date Incorporated or Qualified: 08/08/1985
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 59-2562089 ☐ 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

PARNES, BENJAMIN B
36 NE FIRST STR
STE 830
MIAMI FL 33132

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: Benjamin B. Parnes BENJAMIN B. PARNES 4/28/95
Signature of one of the following officers of registered agent (if it is a corporation) — NOTE: Registered Agent signature must appear when necessary — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRT	11 TITLE	☐ Change ☐ Addition
NAME	SCHUMAN, ROBERT H.	12 NAME	
STREET ADDRESS	7401 E. CYPRESS HEAD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☑ Change ☐ Addition
NAME	PARNES, BENJAMIN B.	22 NAME	DVS
STREET ADDRESS	12685 BISCAYNE BAY DR.	23 STREET ADDRESS	PARNES BENJAMIN B.
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	1909 S.OAK HAVEN CIRCLE N.M. BEACH, FL - 33179
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 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 above, or on an attachment with an address.

SIGNATURE: Benjamin B. Parnes BENJAMIN B. PARNES 4/28/95 (305) 372-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133425 CP