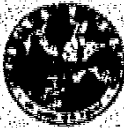


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19795**

(7)

1. Corporation Name

8TH AVENUE INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1985

3a. Date of Last Report

06/17/1994

4. FEI Number

59-2577241

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. 199.092,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business

**C/O JOAN MUSCARELLA
18544 NW 54TH AVENUE
MIAMI FL 33014**

Mailing Address

**C/O JOAN MUSCARELLA
18544 NW 54TH AVENUE
MIAMI FL 33014**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MUSCARELLA, FRANK
18544 NW 54TH AVE
MIAMI FL 33014**

10. Name and Address of New Registered Agent

81 Name

Muscarella Frank

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

4360 N.W. 135 St

83

84 City

OPA Locks

FL

85 Zip Code

33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**MUSCARELLA, JOAN
18544 NW 54TH AVE
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

NAME

**MUSCARELLA, FRANK
18544 NW 54TH AVE
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

1.2 NAME

Muscarella Joan

1.3 STREET ADDRESS

4360 N.W. 135 St

1.4 CITY - ST - ZIP

OPA Locks FL 33054

2.1 TITLE

V

2.2 NAME

Frank Muscarella

2.3 STREET ADDRESS

4360 N.W. 135 St

2.4 CITY - ST - ZIP

OPA Locks, FL 33054

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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:

Joan Muscarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

305-688-1590

Date

(Anytime Herein)