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 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **M20735** **(0)**

1. Corporation Name

APRICOT OFFICE SUPPLIES & STATIONERY, INC.

Principal Place of Business	Mailing Address
386 N.E. 191 STREET MIAMI FL 33179 US	386 N.W. 191 STREET MIAMI FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21): 386 NE 191St.
2a. Mailing Address (26): 386 NE 191St.

4. FEI Number: 59-2663744 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23): MIAMI FL.
City & State (28): Miami FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): 33179
Country (25): USA.
Zip (29): 33179
Country (30): USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SILVERA, GREGORY A.
386 N.E. 191 STREET
MIAMI FL 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BERNARD, BASIL M.	12 NAME	Bernard, Basil M	
STREET ADDRESS	900 NE 205TH ST	13 STREET ADDRESS	624 NE 205 Terr.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33179	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	BERNARD, MARLENE ANGELA	22 NAME	Bernard, Marlene Angela	
STREET ADDRESS	900 NE 205TH ST	23 STREET ADDRESS	624 NE 205 Terr.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33179	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SILVERA, STACEY E.	32 NAME	Silvera, Stacey E	
STREET ADDRESS	20245 N.E. 12 AVE.	33 STREET ADDRESS	20221 NE 21 AVE.	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami FL 33179	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	SILVERA, GREGORY A.	42 NAME	Silvera, Gregory A.	
STREET ADDRESS	20245 N.E. 12 AVE.	43 STREET ADDRESS	20221 NE 21 AVENUE	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami FL 33179	
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 if changed, or on an attachment with an address.

SIGNATURE: Stacey S Silvera 5/10/95 305-651-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STACEY SILVERA

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