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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M35261** **(0)**

1. Corporation Name

H. SCHEINERS, INC.

Principal Place of Business	Mailing Address
400 S. POINTE DR., #608 MIAMI BEACH FL 33139	400 S. POINTE DR., #608 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/16/1986	06/02/1994

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

4. FEI Number: 59-2693834 ☐ 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

SCHEINER, HARRY
400 S. POINTE DR #608
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: SADIE SCHEINER

82 Street Address (P.O. Box Number is Not Acceptable): 400 S. POINTE DR. #608

83

84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: X Sadie Scheiner-Pres. SADIE SCHEINER 5-1-95
(Signature, typed or printed name of registered agent and title if applicable) (Name of Current Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~SCHEINER, HARRY~~ DECEASED	12 NAME	SADIE SCHEINER
STREET ADDRESS	~~400 S. POINTE DR~~	13 STREET ADDRESS	400 S. POINTE DR. #608
CITY-ST-ZIP	~~MIAMI BEACH FL~~	14 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	~~VP~~	21 TITLE	~~[illegible]~~ ☐ Change ☒ Addition
NAME	~~SCHEINER, SADIE~~	22 NAME	
STREET ADDRESS	~~400 S. POINTE DR~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI BEACH FL~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		32 NAME	ALLEN SCHEINER
STREET ADDRESS		33 STREET ADDRESS	400 S. POINTE DR. #604
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
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 if changed, or on an attachment with an address.

SIGNATURE: X Sadie Scheiner-Pres. 5-1-95 305-672-7687
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0145787 CP