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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 1:48

DOCUMENT # **M84103** **(4)**

1. Corporation Name
MR. POTTERY OF NORTH MIAMI, INC.

Principal Place of Business	Mailing Address
~~451 N.E. 169 STREET~~ ~~MIAMI FL 33179-0699~~	~~451 N.E. 169 STREET~~ ~~MIAMI FL 33179-0699~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/31/1988	04/27/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 18721 Biscayne Blvd.	26 1983 Tigertail Blvd.	65-0060343	Not Applicable
Suite, Apt. #, etc. 22 Lehmaier's Fashion Island	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Aventura, FL.	City & State 28 Dania, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33180 / 25 U.S.A.	Zip / County 29 33004 / 30 U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALTSHULER, LANNY ~~451 N.E. 169TH STREET~~ ~~MIAMI FL 33179~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1983 Tigertail Blvd. 83 84 City Dania FL 85 Zip Code 33004

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 Lanny Altshuler PRESIDENT 2/16/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE		☑ Change ☐ Addition
NAME	ALTSHULER, LANNY	12 NAME		
STREET ADDRESS	~~451 N.E. 169TH STREET~~	13 STREET ADDRESS	1983 Tigertail Blvd.	
CITY ST ZIP	~~N. MIAMI BCH. FL~~	14 CITY ST ZIP	Dania, FL. 33004	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: Lanny Altshuler 2/16/95 305-920-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0196745 CP