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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P20539** **(3)**

1. Corporation Name
BAZAR MANUFACTURING CO.

Principal Place of Business
952 CRANSTON STREET
CRANSTON RI 02920

Mailing Address
852 CRANSTON STREET
CRANSTON RI 02920-5446

3. Date Incorporated or Qualified: **08/18/1988**	3a. Date of Last Report: **03/12/1996**
4. FEI Number: **05-0281998**	☐ 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	

2. Principal Place of Business
21 [illegible]
Suite, Apt. #, etc.
22
City & State
23 [illegible]
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
BROWN, STEVEN
3234 N.E. 12TH AVE.
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent
81 Name: BROWN, STEVEN
82 Street Address (P.O. Box Number is Not Acceptable): 61 SE 8TH AVE
83
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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] STEVEN B BROWN PRES DATE: 3/21/97
Signature(s) for Registered Agent, Officer(s) or Director(s) required. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BROWN, STEVEN		1.2 NAME	
STREET ADDRESS: 3500 GALT OCEAN DR.A310		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE: VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: BROWN, MILDRED		2.2 NAME	
STREET ADDRESS: 3500 GALT OCEAN DR.A310		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature] STEVEN BROWN PRES 3/21/97 954-785-9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #