SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:18

DOCUMENT # **P23805** **(5)**

1. Corporation Name

ALL AMERICAN EMBLEM CORP.

Principal Place of Business	Mailing Address
4920 NW 165TH ST. P.O. BOX 9325 MIAMI LAKES FL 33014-6325	4920 NW 165TH ST. P.O. BOX 9325 MIAMI LAKES FL 33014-6325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21: 4370 NW 128 ST
22: Suite, Apt. #, etc.
23: City & State: OPA LOCKA FL
24: Zip: 33054
25: Country: USA

2a. Mailing Address
26: 4370 NW 128 ST.
27: Suite, Apt. #, etc.
28: City & State: OPA LOCKA FL
29: Zip: 33054
30: Country: USA

4. FEI Number: 22-1851632 ☐ 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

BRODY, J. LEWIS
4920 NE 165 ST
MIAMI FL 33014

10. Name and Address of New Registered Agent

61 Name: BRODY, J. LEWIS
62 Street Address (P.O. Box Number is Not Acceptable)
63: 4370 NW 128 ST.
64 City: OPA-LOCKA FL 65 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 # _____ 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	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	BRODY, J. LEWIS	1.2 NAME	BRODY, J LEWIS	
STREET ADDRESS	2715 WALKERS WAY	1.3 STREET ADDRESS	445 CAMERON DRIVE	
CITY-ST-ZIP	WESTON FL	1.4 CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	BRODY, PHYLLIS	2.2 NAME	BRODY, PHYLLIS	
STREET ADDRESS	2715 WALKERS WAY	2.3 STREET ADDRESS	445 CAMERON DRIVE	
CITY-ST-ZIP	WESTON FL	2.4 CITY-ST-ZIP	WESTON, FL 33326	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Phyllis Brody July 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130634 FP