

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APRIL 14, 1995
AMERICAN BANK



FLORIDA
DEPARTMENT OF STATE
Division of
Corporations
and Franchises

1995

APPROVED
FILED

RECEIVED - 04-15-95

STATE OF FLORIDA
Division of
Corporations
and Franchises

DOCUMENT # P92000010862 (0)

H.B.I. MANAGEMENT, INC.

4111 S OCEAN DRIVE
HOLLYWOOD FL 33019

210 DANIEL SHARON
20401 NE 30TH AV #422
AVENTURA, FL 33180

4111 S OCEAN DRIVE
HOLLYWOOD FL 33019

21 INACTIVE

26 Mailing Address
26 20401 NE 30th Ave.

3. Date Incorporated
12/09/1992

3a. Date of Last Report
03/22/1994

22 Sales of 1% or

27 City & State

4. If Incorporated
65-0374899
Applied For
Not Applicable

23 422

28 AVENTURA, FL

5. Certificate of Status Desired
\$8.75 Additional
Fee Required

24

29 33180

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

25

30

7. The Corporation Has Acquired An Interests In The Following
Florida Statutes
[] No [] Yes

9. Name and Address of Current Registered Agent

AVNER, SAM
16801 NE 6 AVENUE
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number, Post Office Station
83
84 City FL 85 Zip Code

11. I, the undersigned, being the registered agent of the above-named corporation, solemnly swear that the address listed for the purpose of changing its registered office or residence, if any, or doing business in the state of Florida, is true, being so authorized by the corporation by a resolution of directors, officers or any other document as registered agent. I am aware of the penalties of perjury. I declare under oath that the above is true. Florida Statutes

SIGNATURE

AVNER, SAM, PRES/DIR/FL/10862-0004

12. ADDITIONS/CHANGES TO OFFICES AND DIR/FL/10862-0004		13. ADDITIONS/CHANGES TO OFFICES AND DIR/FL/10862-0004	
NAME	PVST DANIEL, SHARON 20401 NE 30TH AVE., SUITE 422 AVENTURA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
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NAME		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg
NAME		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Chg

14. I, the undersigned, shall furnish to the Department annually, and have filed in the office of the Secretary of State, a copy of the report as required by Chapter 109, Florida Statutes, and that my name appears in block letters on the original copy of the report, with my address.

SIGNATURE:

Daniel Sharon / PRES.