

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012674 (7)

1. Corporation Name

MARVID ADDISON, INC.

Principal Place of Business

Mailing Address

5700 CAVENDISH BLVD.
APT. 1409
COTE ST. LUC, QUEBEC
CA

%BEDZOW KORN KORN & GLASER P.A.
P.O. BOX 81-0002
MIAMI FL 33161-0002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1992

3a. Date of Last Report

05/13/1994

2. Principal Place of Business

2a. Mailing Address

21

26

20803 Biscayne Blvd.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

Suite 200

City & State

City & State

23

28

Aventura, FL 33180

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ALAN D ESQ
20803 BISCAYNE BLVD.
STE. #200
AVENTURA FL 33180

81 Name

MICHAEL BEDZOW, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

20803 Biscayne Blvd.

83

Suite 200

84 City

Aventura

FL

85 Zip Code
33180

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 of Registered Agent required when registering)

(Signature of Registered Agent required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DP
MINTZ, DAVID
5700 CAVENDISH BLVD., APT. 1409
COTE ST LUC, QUEBEC

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
Change Addition

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 110.07(9)(b), 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 liquidator 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 both and identified with an address.

SIGNATURE

(Signature and Typed Name of Signing Officer or Director)

Date

(Signature of Secretary of State)