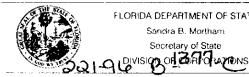
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1996

DOCUMENT #

P93000022090 (3)

SURREAL DECEIVER LTD., INC. Principal Place of Business Mailing Address 626 OCEAN DR 157 CHAMBERS ST MIAMI BEACH FL 33139 11TH FLOOR **NEW YORK CITY NY 10007** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1993 06/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0472005 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEFEVER, KIT Street Address (P.O. Box Number is Not Acceptable) 626 OCEAN DR R3 MIAMI BEACH FL 33139 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change ☐ Addition THEF DEFEVER, KIT 1.2 NAME NAME 626 OCEAN DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST - ZIP 14 CITY-ST-ZIP [] DELETE Change ☐ Addition MELE 2 1 TIFLE NAM: 2.2 NAME STREET ADDRESS 23 STREET ADDRESS C-1Y-S1-7(F 2 4 City - ST - ZiP DELETE ■ Addition ☐ Change Table 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 33 STREET ADDRESS C-1Y - ST - Z-P 3.4 CITY - ST - ZIP DELETE TILE 4 1 TITLE ☐ Change ■ Addition NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS OHY - \$1 - ZiP 4 4 CITY - \$1 - ZIP [] DELETE THEE 5 1 TITLE [Addition A SME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-7P DELETE Change THE 6.1 Till E ☐ Addition

14. I do horeby 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 13 if changes, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)