FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072866 (5)**

1. Corporation Name
PLFI, INC.

Principal Place of Business
20281 E COUNTRY CLUB RD #2003
NORTH MIAMI FL 33180

Mailing Address
20281 E COUNTRY CLUB RD #2003
NORTH MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1993**
3a. Date of Last Report: **09/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **65-0449662** — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
EISENBAUM, WAYNE
20281 E COUNTRY CLUB RD #2003
NORTH MIAMI FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE
(If the registered agent is an individual, this section must be signed. If the registered agent is a corporation, this section must be signed by an officer.) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE D		☐ Change ☐ Addition
NAME	EISENBAUM, WAYNE	
STREET ADDRESS	% 20281 E COUNTRY CLUB RD #2003	
CITY, ST, ZIP	NORTH MIAMI FL 33180	
TITLE D		☐ Change ☐ Addition
NAME	EISENBAUM, ALAN	
STREET ADDRESS	% 20281 E COUNTRY CLUB RD #2003	
CITY, ST, ZIP	NORTH MIAMI FL 33180	
TITLE D		☐ Change ☐ Addition
NAME	HELENE, MARLA E	
STREET ADDRESS	% 20281 E COUNTRY CLUB RD #2003	
CITY, ST, ZIP	NORTH MIAMI FL 33180	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing, and that hereinabove stated and does not qualify for the exemptions stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the annual report or amended 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 above, or on an attachment with an address.

SIGNATURE: [signature] — May 1, 1995 (Date) — 203-233-6221 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0107612 CP