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 APR 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082826 (7)**

1. Corporation Name

TOTAL PACKAGE, INC.

Principal Place of Business	Mailing Address
2650 SW 27TH AVENUE SECOND FLOOR MIAMI FL 33133	2650 SW 27TH AVENUE SECOND FLOOR MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1993	3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0461709	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21: 10715 SW 104 ST	26: 10715 SW 104 ST
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: MIAMI, FL	28: City & State: MIAMI, FL
24: Zip: 33176 25: Country: USA	29: Zip: 33176 30: Country: USA

9. Name and Address of Current Registered Agent

KURZBAN, MARVIN
2650 SW 27TH AVENUE
SECOND FLOOR
MIAMI FL 33133

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 607.1508, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KURZBAN, MARVIN	1.2 NAME	
STREET ADDRESS	2650 SW 27TH AVENUE, SECOND FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, SANFORD H.	2.2 NAME	
STREET ADDRESS	9705 SW 133 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	2.4 CITY-ST-ZIP	
TITLE	SEC/TREAS	3.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, BURTON	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	CONNERLY, MICHAEL P	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	

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)(i), 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: Sanford H. Cohen SANFORD H. COHEN (PRES.) 4/8/95 (305) 595-5942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0184742 CP