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 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017000 (8)**

1. Corporation Name
MUKOSZAK INTERNATIONAL INC.

Principal Place of Business
~~2320 W. FLAGLER ST.~~
~~MIAMI FL 33135~~

Mailing Address
~~2320 W. FLAGLER ST.~~
~~MIAMI FL 33135~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5070 N. Ocean Drive
Suite, Apt. #, etc.
22 # 22D
City & State
23 Singer Island FL
Zip 24 33404 County 25 USA

2a. Mailing Address
26 5070 N. Ocean Drive
Suite, Apt. #, etc.
27 #22D
City & State
28 Singer Island
Zip 29 33404 County 30 USA

4. FEI Number: 65-0504371 ☐ 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

9. Name and Address of Current Registered Agent

~~HART, DAVID J~~
~~2320 W. FLAGLER ST.~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name: Hart, David J
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Biscayne Blvd.
83: Suite 1717
84 City: Miami, 85 FL Zip Code: 33132

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 name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SZORENYI, ZSOLT	12 NAME	
STREET ADDRESS	5070 N. OCEAN DR., #22D	13 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	SZORENYINE AGNES	22 NAME	
STREET ADDRESS	5070 N. OCEAN DR. #220	23 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Zsolt Szorenyi ZSOLT SZORENYI 4/25/95 (407)863-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143160 CP