

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION
CORPORATION DIVISION, 100 SOUTH GULF BLVD., SUITE 100
TALLAHASSEE, FLORIDA 32301-2000

APPROVED
AND
FILED

DOCUMENT # **P94000025114 (7)**

To: Corporation Name

ASTOR BRICKELL CORP.

DATE: MAY 18, 1995
TALLAHASSEE, FLORIDA

Principal Office (If Different)

400 SOUTH POINTE DR.
#1502
MIAMI FL 33139

Alternate Address

400 SOUTH POINTE DR.
#1502
MIAMI FL 33139

SEE INSTRUCTIONS ON THIS SPACE

3. Date of Organization (If Established)	3a. Date of Last Report
03/31/1994	
4. Filing Number	4a. Filing Fee
65-0420423	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
7. Does Corporation have liability for a foreign corporation? (If YES, attach a copy of the foreign corporation's liability statement.)	
Florida Statutes ☒ Yes ☐ No	

2. Principal Office (If Different)	2a. Mailing Address
21. State Apt. # of	26. State Apt. # of
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State
	85. Zip Code

11. Pursuant to the provisions of Sections 607 and 608 and 609, 610, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge of the Corporation)

(Signature of Registered Agent or Agent in Charge of the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME D MASRI, KARIM STREET ADDRESS 400 S. POINTE DR., #1502 CITY & STATE MIAMI FL 33139	1. NAME 1a. STREET ADDRESS 1b. CITY & STATE
NAME President / Secretary / Treasurer Brian S. Saffron STREET ADDRESS 400 S. Pointe Dr, Ste 1502 CITY & STATE Miami Beach, FL 33139	2. NAME 2a. STREET ADDRESS 2b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	3. NAME 3a. STREET ADDRESS 3b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	4. NAME 4a. STREET ADDRESS 4b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	5. NAME 5a. STREET ADDRESS 5b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	6. NAME 6a. STREET ADDRESS 6b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	7. NAME 7a. STREET ADDRESS 7b. CITY & STATE
NAME NAME STREET ADDRESS CITY & STATE	8. NAME 8a. STREET ADDRESS 8b. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions defined in Sections 619 and 620, Florida Statutes. I further certify that this information is filed in the annual report or supplemental annual report in true and accurate form and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am attaching herewith an affidavit.

SIGNATURE:

Brian S. Saffron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-95 305531-6196