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 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028644 (0)**

1. Corporation Name
ENZONE U.S.A., INC.

Principal Place of Business	Mailing Address
7518 SW 26 CT DAVIE FL 33317	7518 SW 26 CT DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4800 SW 51 ST #100
22 Suite, Apt. #, etc.
23 City & State: DAVIE, FL
24 Zip: 33314 25 County:

2a. Mailing Address
26 P.O. BOX 290480
27 Suite, Apt. #, etc.
28 City & State: DAVIE, FL
29 Zip: 33329 30 County:

4. FEI Number: 11-2967922 ☐ 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

SILBERMAN, GARY
1750 NE 167 ST
SUITE 1530
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: SILBERMAN, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 1021 IVES DAIRY RD #111
83
84 City: N MIAMI BEACH FL 85 Zip Code: 33179

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	D/P	☒ Change ☐ Addition
NAME	MCDONNELL, JOSEPH	1.2 NAME	MCDONNELL, JOSEPH	
STREET ADDRESS	7518 SW 26 CT	1.3 STREET ADDRESS	8060 CLEARY BLVD #609	
CITY-ST-ZIP	DAVIE FL 33317	1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		2.1 TITLE	D/VP	☐ Change ☒ Addition
NAME		2.2 NAME	MCDONNELL, JAMES	
STREET ADDRESS		2.3 STREET ADDRESS	167 CAMERON CT	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE		3.1 TITLE	C/S/T	☐ Change ☒ Addition
NAME		3.2 NAME	DUSSICH, JOSEPH, JR.	
STREET ADDRESS		3.3 STREET ADDRESS	158 PAYNE WHITNEY LANE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MANHASSET, NY 11030	
TITLE		4.1 TITLE	D/VP	☐ Change ☒ Addition
NAME		4.2 NAME	RUSSO, NICHOLAS, JR.	
STREET ADDRESS		4.3 STREET ADDRESS	15634 TELEGRAPH DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FOUNTAIN HILLS, AZ 85268	
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: JOSEPH MCDONNELL 4-21-95 (305)792-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222020 CP