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 JUN 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030512 (5)**

1. Corporation Name
SB MANAGEMENT II, INC.

Principal Place of Business	Mailing Address
~~401 BANBURY ROAD~~ ~~NORTH YORK, ONTARIO~~ ~~CANADA M2L2C1~~	~~401 BANBURY ROAD~~ ~~NORTH YORK, ONTARIO~~ ~~CANADA M2L2C1~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 SE 2nd St.	26 100 SE 2nd St
22 Suite, Apt. #, etc. 28 Floor	27 Suite, Apt. #, etc. 28 Floor
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131 25 Country US	29 Zip 33131 30 Country US

4. FEI Number: 59-3275452 ☐ 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	10. Name and Address of New Registered Agent
~~FLORIDA REGISTERED AGENTS, INC.~~ ~~100 S.E. 2ND STREET~~ ~~SUITE 3000~~ ~~MIAMI FL 33131~~	81 Name: KTG & S Registered Agent Corp. 82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd St 83 26 Floor 84 City: Miami FL 85 Zip Code: 33131

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: Marc Auerbach — marc AUERBACH, PRES KTG & S Reg. Agent Corp. — 6/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	1.1 TITLE	☐ Change ☒ Addition
NAME	SUCKONIC, JOSEPH	1.2 NAME	000001526850
STREET ADDRESS	356 BROADWAY AVENUE	1.3 STREET ADDRESS	-06/29/95--01036--016
CITY-ST-ZIP	TORONTO, CANADA M4P1W9	1.4 CITY-ST-ZIP	***2025.00 ****225.00
TITLE	D/V/S	2.1 TITLE	☐ Change ☒ Addition
NAME	WAXMAN, CLIFFORD	2.2 NAME	
STREET ADDRESS	401 BANBURY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH YORK, CANADA M2L2C1	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		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)(k), 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: _____ 6/26/95 (416)486-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Clifford Waxman, Sec.

0482713 IN