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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 12: 11

DOCUMENT # P94000031011 (7)

1. Corporation Name

THE POINT OF SALE GROUP, INC.

Principal Place of Business: ~~2145 NE 204TH ST. NORTH MIAMI BEACH FL~~ } Delete

Mailing Address: ~~2145 NE 204TH ST. NORTH MIAMI BEACH FL~~ } Delete

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1646 NE 205 Terr	26 1646 NE 205 Terr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33179 / 25 Country: USA	29 Zip: 33179 / 30 Country: USA

4. FEI Number: 65-0497617 ☐ 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

~~PINKWASSER, ALAN~~
~~2145 NE 204TH ST.~~
~~NORTH MIAMI BEACH, FL~~ } Delete

10. Name and Address of New Registered Agent

81 Name: Seth Rosenberg
82 Street Address (P.O. Box Number is Not Acceptable): 3101 N. Country Club Dr.
83 #210
84 City: Miami FL 85 Zip Code: 33180

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 X [signature] X 3-22-95
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	1 1 TITLE	P/D/T ☒ Change ☐ Addition
NAME	~~PINKWASSER, ETHEL~~ } Delete	1 2 NAME	Seth Rosenberg
STREET ADDRESS	~~2145 NE 204TH ST.~~	1 3 STREET ADDRESS	3101 N. Country Club Drive, #210
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	1 4 CITY-ST-ZIP	Miami, FL 33180
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	~~PINKWASSER, RANDI~~ } Delete	2 2 NAME	
STREET ADDRESS	~~2145 NE 204TH ST.~~	2 3 STREET ADDRESS	Delete
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	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 the 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: X [signature] X 3-22-95 X (305) 931-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0196973 CP