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 APR 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032364 (9)**

1. Corporation Name
ARLA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
11848 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33438	11848 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33438

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0491984 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFSON, WILLIAM
11848 FOUNTAINSIDE CIRCLE
BOYNTON BEACH FL 33438

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: William Wolfson 1/25/95
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	DIRECTOR	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL VOELL	1.2 NAME	
STREET ADDRESS	69 MURRAY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10007	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	2.1 TITLE	☐ Change ☐ Addition
NAME	AMY VOELL-MAJSKOPF	2.2 NAME	
STREET ADDRESS	17 EAST 94TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10028	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	3.1 TITLE	☐ Change ☐ Addition
NAME	ANN LEIBOWITZ	3.2 NAME	
STREET ADDRESS	40 EAST 76TH STREET - APT. 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10021	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	DANE LEIBOWITZ	4.2 NAME	
STREET ADDRESS	100 POST OFFICE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WALLAGUE, NY 10597	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	☐ Change ☐ Addition
NAME	NANCY LEIBOWITZ	5.2 NAME	
STREET ADDRESS	100 POST OFFICE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALLAGUE, NY 10597	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	$ Deposited By Bank
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: Mitchell Voell Mitchell Voell 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible]

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