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 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047276 (8)**

1. Corporate Name
ERD CORP.

Principal Place of Business	Mailing Address
1921 S OAKHAVEN CIR NORTH MIAMI BEACH FL 33179-2834	1921 S OAKHAVEN CIR NORTH MIAMI BEACH FL 33179-2834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0509979 — 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

2. Principal Place of Business: 21 ___ Suite, Apt. # etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. # etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

COHEN, HOWARD D ESQ
BECKER & POLIAKOFF PA
3111 STIRLING RD EMERALD LK CORPORATE PK
FT LAUDERDALE FL 33312-6525

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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DON, RONALD
STREET ADDRESS	1921 S OAKHAVEN CIR
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179-2834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

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: Ronald E. Don — 1/10/95 — 305-932-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0196875 CP