

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1994.
APPROPRIATE ONE OR MORE OF THE: STATE OF FLORIDA, BUSINESS ASSOCIATE DUE TO NONPAYMENT OF FEES

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063438 (3)

1. Corporation Name

ASI GROUP INC.

Principal Place of Business

51 NE 22ND ST
MIAMI FL 33137

Mailing Address

51 NE 22ND ST
MIAMI FL 33137

FILED

95 AUG -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/26/1994

4. FEI Number

65-0562789

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

2a. Mailing Address

21 49 NE 22ND ST

26 49 NE 22ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 204

27 204

City & State

City & State

23 Miami Florida

28 Miami Florida

Zip

Country

Zip

Country

24 33137

25 USA

29 33137

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

7/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PETER KOLB
PRESIDENT
49 NE 22ST, SW 204
MIAMI, FLORIDA 33137

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
PETER KOLB/PRESIDENT
49 NE 22ST SW 204
Miami Florida 33137

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER KOLB

7/26/95

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