

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069370 (2)

1. Corporation Name

MOUNTINGS, ETC. INC.



Principal Place of Business

245 POINCIANA ISLAND DR.
NORTH MIAMI BEACH FL 33160

Mailing Address

245 POINCIANA ISLAND DR.
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21 16400 COLLINS AVE.

26 16400 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT # 845

27 APT # 845

City & State

City & State

23 N. MIAMI BEACH FL

28 NMB, FL

Zip

Country

Zip

Country

24 33160

25 USA

29 33160

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

07/17/1995

4. FET Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

COHEN, ISAAC
3741 SUNNY ISLES BLVD
STE 247
N MIAMI EBHAC FL 33160

81 Name

COHEN, ISAAC

82 Street Address (P.O. Box Number is Not Acceptable)

16400 COLLINS AVE, # 845

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33160

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

ISAAC COHEN

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

(NOTE: Registered agent signature required when re-statuting)

03/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
COHEN, ISAAC
STREET ADDRESS
245 POINCIANA ISLAND DR.
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 hereof, or on an attachment with an address.

SIGNATURE:

ISAAC COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/96

(305) 956-5710
Telephone Number

CR2E034 (12/95)