**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 JUL -3 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071880 (6)

1. Corporation Name
BLACK DOG ENTERPRISES, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21 15781 N.W. 7th. Avenue
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33169
25 County: USA

2a. Mailing Address
26 15781 N.W. 7th. Avenue
27 Suite, Apt. #, etc.
28 City & State: Miami, Florida
29 Zip: 33169
30 County: USA

4. FEI Number: [X] 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CHRISTODORA, JOSEPH
889 S.W. COMMONWEALTH ROAD
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: BARNEY B. AVCHEN
82 Street Address (P.O. Box Number is Not Acceptable): 226 Palm Springs Center
83: 1840 West 49th. Street
84 City: Hialeah FL 85 Zip Code: 33012

11. Pursuant to the provisions of Section 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] June 27, 1995
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent's signature required when reinstating. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D [X] Change [ ] Addition |
| NAME | CHRISTODORA, JOSEPH | 12 NAME | WEINTHAL, MARC A. |
| STREET ADDRESS | 889 S.W. COMMONWEALTH ROAD | 13 STREET ADDRESS | 15781 N.W. 7th. Avenue |
| CITY ST ZIP | PORT ST. LUCIE FL 34953 | 14 CITY ST ZIP | Miami, Florida 33169 |
| TITLE | D | 21 TITLE | [ ] Change [ ] Addition |
| NAME | [redacted] | 22 NAME | |
| STREET ADDRESS | [redacted] | 23 STREET ADDRESS | |
| CITY ST ZIP | [redacted] | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | [ ] Change [ ] Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | [ ] Change [ ] Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

JM 7/26

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: Joseph Christodora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 27, 1995 (305) 687-7297
Date Daytime Phone #

0382050 CP