

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015583 (4)

1. Corporation Name

UNIQUE ASTOR, INC.



Principal Place of Business

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

Mailing Address

490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

765-0576744

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FEI Number

65-05729312

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

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

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 607.1502, 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 of person who is the registered agent or the officer or director of the corporation.

Signature of person who is the registered agent or the officer or director of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☐ Change ☒ Addition
1.2 NAME Dennis Max
1.3 STREET ADDRESS 490 E Palmetto Park Rd #110
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Ratti Max
2.3 STREET ADDRESS 490 E Palmetto Park Rd, #110
2.4 CITY-ST-ZIP Boca Raton, FL 33432

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Bert Rapoport
3.3 STREET ADDRESS 490 E Palmetto Park Rd #110
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Daniel Catalfume
4.3 STREET ADDRESS 1540 Latham Rd
4.4 CITY-ST-ZIP W. Palm Beach, FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 500001883405
5.3 STREET ADDRESS -07/03/96--01051--025
5.4 CITY-ST-ZIP ***208.75

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 5/1/92
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 if changed, or on an attachment with an address.

SIGNATURE:

Dennis Max

Dennis Max, Pres.

4/24/96

407-392-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)