

CORPORATION
ANNUAL REPORT
19946



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Einstein Inc.

DOCUMENT #

P95000016712

Mailing Address

Principal Place of Business

420 Lincoln Rd
Suite 262
Miami Beach FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

Feb. 95

4. FET Number

65-0643339

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign

Financing Trust

Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit Exempt from \$138.75
Supplemental Fee

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes. ☐ Yes ☒ No

2. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Zip

25. Country

2a. Principal Place of Business

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Raul Carrasco

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

420 Lincoln Rd #262

83. City

Miami Beach

FL

85. Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0509 or 617.0503, Florida Statutes.

SIGNATURE

DATE

08/07/94

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
President
Raul Carrasco
420 Lincoln Rd #262
Miami Beach FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Vice-President
Richard Owens
420 Lincoln Rd #262
Miami Beach FL 33139

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

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
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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

000001921100
-08/13/96--01149--028
***225.00

14. I do hereby certify that the information supplied within this report is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning the property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, 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

Raul Carrasco

08/07/94

25-5353060