

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000033773**

1. Corporation Name

**ASHRON, INCORPORATED**

Principal Place of Business  
**18725 WEST DIXIE HIGHWAY  
MIAMI FL 33180**

Mailing Address  
**18725 WEST DIXIE HIGHWAY  
MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/22/1995**

4. FEI Number

**65-0585546**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**NEUMAN, LYDIA  
18725 WEST DIXIE HIGHWAY  
MIAMI FL 33180**

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE  
NAME **NEUMAN, LYDIA**  
STREET ADDRESS **18725 WEST DIXIE HIGHWAY**  
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **VPT** ☒ DELETE  
NAME **NEUMAN, SHARON**  
STREET ADDRESS **18725 WEST DIXIE HIGHWAY**  
CITY-ST-ZIP **MIAMI FL 33180**

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition  
22 NAME **VPT**  
23 STREET ADDRESS **NEUMAN, NATHAN**  
24 CITY-ST-ZIP **18725 WEST DIXIE HIGHWAY  
MIAMI FL 33180**

31 TITLE ☐ Change ☐ Addition  
32 NAME **800002953328--0**  
33 STREET ADDRESS **-08/06/99--01092--015**  
34 CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

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

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

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

**NATHAN NEUMAN, vpt 7/21/99 305-932-8277**

FILED

99 JUL 29 11:10:23

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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CR2E034 (5/99)

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ASHRON INCORPORATED  
18725 WEST DIXIE HIGHWAY  
MIAMI, FL 33180

07/20/99

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE FL 32302-1500

RE: #P95000033773  
1999 PROFIT CORP  
ANNUAL REPORT

TO WHOM IT MAY CONCERN:

PLEASE CONSIDER ALLOW PAYMENT OF \$150 FOR THE 1999  
ANNUAL REPORTS FILING. WE WERE UNDER THE IMPRESSION  
THAT A TIMELY FILING WAS MADE. HOWEVER, WE DISCOVERED  
TO THE CONTRARY BECAUSE OUR ACCOUNTANT HAD DIED AND NEVER  
MAILED OUT THE FIRST NOTICE.

YOURS TRULY,

LYDIA NEUMAN, PS

