

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

DOCUMENT # P945000037070

1. Corporation Name

Ideal of South Florida Corp.

Principal Place of Business

Mailing Address

3970 E. 10th Court
Hialeah, FL 33013

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Country

25 Country

29 Country

30 Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Zaedy R. Pozo
2655 Lejune Road
Penthouse II
Coral Gables, FL 33134

81 Name

Abraham Burstein

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

3970 E. 10th Court

83

84 City

Hialeah

85 Zip Code

FL

33013

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: X

Abraham Burstein

04/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P, T, D
NAME Abraham Burstein
STREET ADDRESS 3970 E 10 Ct. Hialeah, FL 33013
CITY - ST - ZIP

TITLE VP, S, D
NAME Mark Burstein
STREET ADDRESS 3970 E 10 Ct. Hialeah, FL 33013
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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

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

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

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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 118.07(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 23 if changed, or on an attachment with an address.

SIGNATURE: X Abraham Burstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/96

DATE

305-693-9980

DAYTIME PHONE