

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070975 (4)

1. Corporation Name

ASHCORP, INC.



Principal Place of Business

801 NE 167 STREET SUITE 310
NO MIAMI BEACH FL 33162

Mailing Address

801 NE 167 STREET SUITE 310
NO MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

21 15499 West Dixie Highway

26 15499 West Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 North Miami Beach, Fla

28 North Miami Beach, Fla

Zip

Country

Zip

Country

24 33162

25 USA

29 33162

30 USA

9. Name and Address of Current Registered Agent

GOLDMAN, ELLEN
801 NE 167 STREET SUITE 310
NO MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

4. FEI Number

65-0622803

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 ☒

10. Name and Address of New Registered Agent

81 Name

Ellen Goldman

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

20939 NE 37th Court

83

84 City

Aventura

FL

85 Zip Code

33180

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 ☐ DELETE

NAME PD
STREET ADDRESS GOLDMAN, JAY S
CITY - ST - ZIP 20939 NE 37 COURT
NO MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME SD
STREET ADDRESS GOLDMAN, ELLEN S
CITY - ST - ZIP 20939 NE 37 COURT
NO MIAMI BEACH 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 305-945-4100

CR2E034 (12/95)